DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND RTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fawn) RURAL and give nearest town Thurmont e. IS RESIDENCE d. NAME OF HOSPITAL (If d. STREET ADDRESS ON A FARM? OR INSTITUTION Flanagan Road YES NO 3. NAME OF 4. DATE Month Day Yeor DECEASED 30 1960 fille Pages DEATH (Type or print) UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years campletely 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ofter (last birthday) Manths Days Haurs WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (Stote or foreign country) during most of working life, even if retired) pup carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 16 remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT attending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) the DUE TO à mayai Canditians, if any, which permit. certificate has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost the burial-transit ar ottending physician Ь PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 18.) Cren (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg., etc.) use Hour o. m. While Not while After this at work at work by the haspital p. m for 1960 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 25 30 detached and that death accurred at saw the deceased alive an 30 fram the causes and on the date stated above. DIRECTOR: 22g. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR [M.D. PHYS 22d. ADDRI 22c. PHYSICIAN'S 3 should NAME (Type) TO FUNERAL Guest State 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. (Stote) pode REMOVAL (Specify) Thurmont, Maryland Ridge Cemetery 5-31-60 Buria Blue 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A1 (4) Thurmont, Creager Raymond

death

ENT SILL TELEVISION OF THE STREET, A The thousand products to the contract of the c the state of the s

Mount Olivet Cemetery

ADDRESS

ON A FARMZ YES NO A

Hours

USA.

PERFORMED? YES INO IN

(Stote)

DATE SIGNED

(Stote)

Maryland

Frederick.

245. REGISTRAR'S SIGNATURE

arthur & Krous

240. REC'D BY REGISTRAR

DATE MAY 1 8 '60

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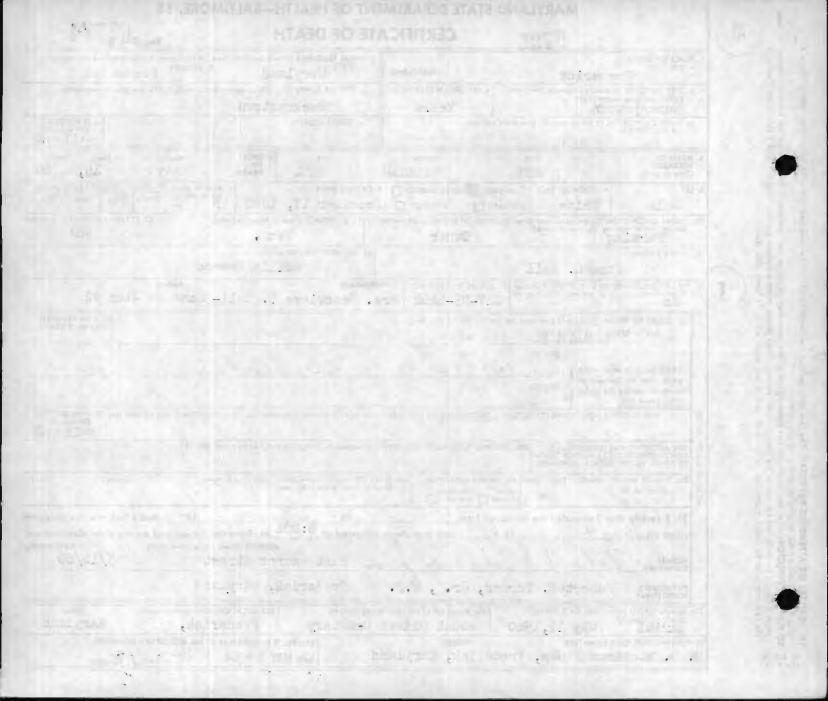
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PEMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

May 17,1960

M. R. Etchison & Son. Frederick, Maryland



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CERTIFICATE OF DEATH

05725

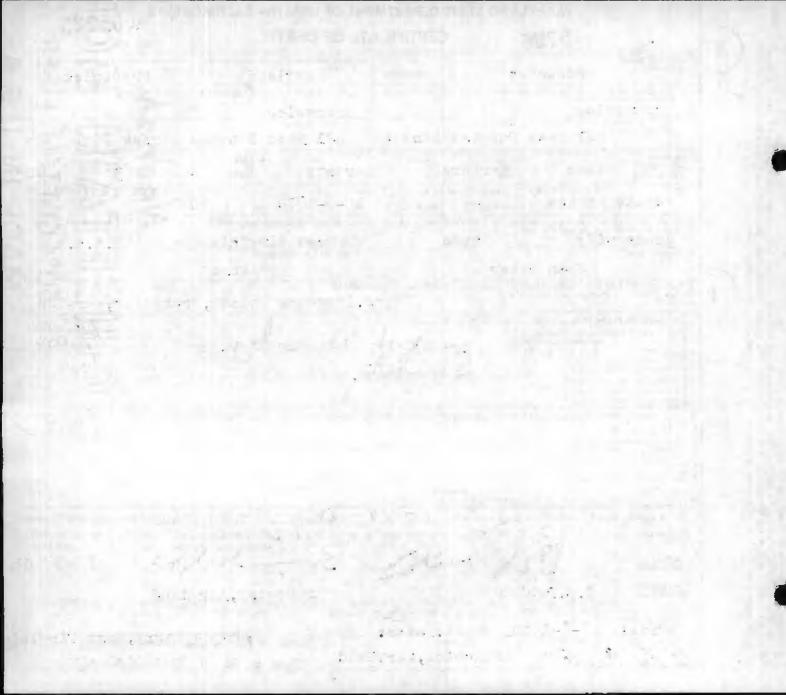
	0130	QERTII 10	AIL OI DEAILI	Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Maryland	L COUNTY	before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Brunswick	c. LENGTH OF STAY IN 16	35 Brunswick	rate limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 421 East Po		/ d. STREET ADDRESS 421 East Pote	omac Street	o. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Anna Ba	Arbara Middle	Barnett 4. DATE OF DEATH	5 Manth 3	Day Year 1960
. !	Tama la Milaita	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10-8-1879	1 4 1 4 1	EAR IF UNDER 24 HR
Oc	D. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired) HOUSE WIFE	Home	STRY 11. BIRTHPLACE (State or foreign or West Virgin:		S A
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
_	John Mater		Anı		
-	WAS DECEASED EYER IN U. S. ARMED FORCES? 1 15. no. or unknown) (If yes, give war or dates of service)		rs.Laurence Nelso	Address on, Brunswick,	Maryland
	Candilians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Sull			7 175
	PART 11. OTHER SIGNIFICANT CONDITION:	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I	19. WAS AUTOPS' PERFORMED? YES NO
- MENIN	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Port	It of item 1B.)	
MEDICAL	Haur a.m. Whi		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	ar tawn) (Cau	inty) (State
	21. I certify that I attended the deceded live an 19	1		the causes and an the creet, fity ar town, state)	
	PHYSICIAN'S NAME (Type) C.E. Pruitt	A Company of the Comp	Brunswick,		
20	Burial, CREMATION, 226. DATE THEREOF Burial 5-6-1960	22c. NAME OF CEMETERY C		ION (City, tawn, ar county)	(State)
3.	FUNERAL DIRECTOR'S SUBNATURE BY	ADDRESS unswick, Mary	24a. REC'D BY REGIST	RAR 24b. REGISTRAN SASION	

the attending physician and campletely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 should be filed with irs after death. Page 4 may be the bined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 OR ATTENDING PHYSICIAN: The low requires that the death pertificate be executed within 24

the registrar priar ta burial, cremation, ar removal, and in any event within 72 haurs after death.

TO HOSP VS A15 (4) 15M 9/58



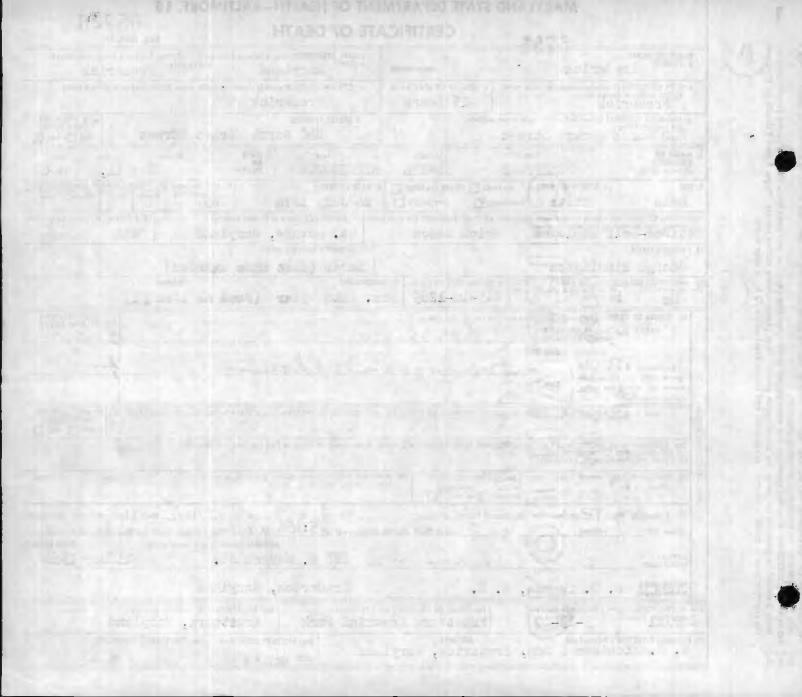
MARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

CERTIFICATE OF DEATH

05726 Reg. Dist. No.

				MARI MINI 1461					
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WI		orion: Residence before admission) Frederick					
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick	15 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick							
d. NAME OF HOSPITAL (II not in hospitol, give street 840 North Market Street	oddress)	/ d. street Address 6. Is reside							
3. NAME OF First DECEASED (Type or print) CLIFFORD	Middle SAMUEL	BIDDINGTON	4. DATE M OF DEATH	May 11, 19 60					
5. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH 26 July 1871	9. AGE (In year lost birthday) 95 yr	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.					
100. USUAL OCCUPATION (Give kind of work done 10b. Retired—Self Amployed E	KIND OF BUSINESS OR INDU Brick Mason		or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN							
George Biddington			name unknown						
Were not or confinement at the use mine were not design of completel		nformant rs. Ruth Eyler		ddress cem #1)					
PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (c)	CONTRIBUTING TO DEATH BUT		INAL DISEASE CONDITION G	PEUL F SIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO					
20c. TIME OF INJURY Month, Day, Year 20d. II Haur a. m. While		ACE OF INJURY (Mome, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)					
21. I certify that I attended the deceas alive on	ed from July 20, and that death	occurred at 5:45A	M, from the causes ADDRESS (Street, city or town	and on the date stated above. DATE SIGNED 11 May 1960					
220. BURIAL, CREMATION, 22b. DATE THEREOF 5-13-60	Frostburg Men		22d. 10CATION (City, town Frostburg,						
23. EUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fr	ederick, Maryl	and		GISTRAR'S SIGNATURE					

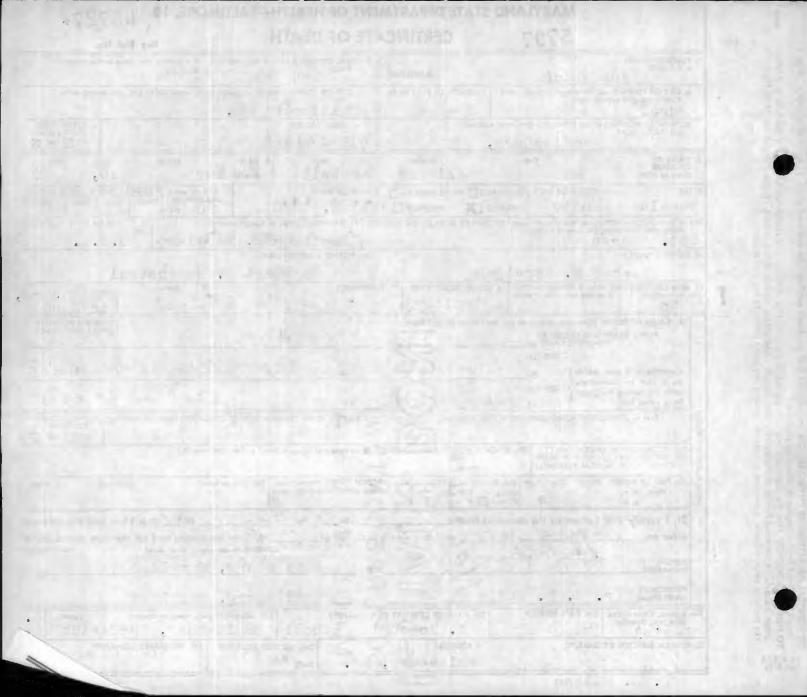
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



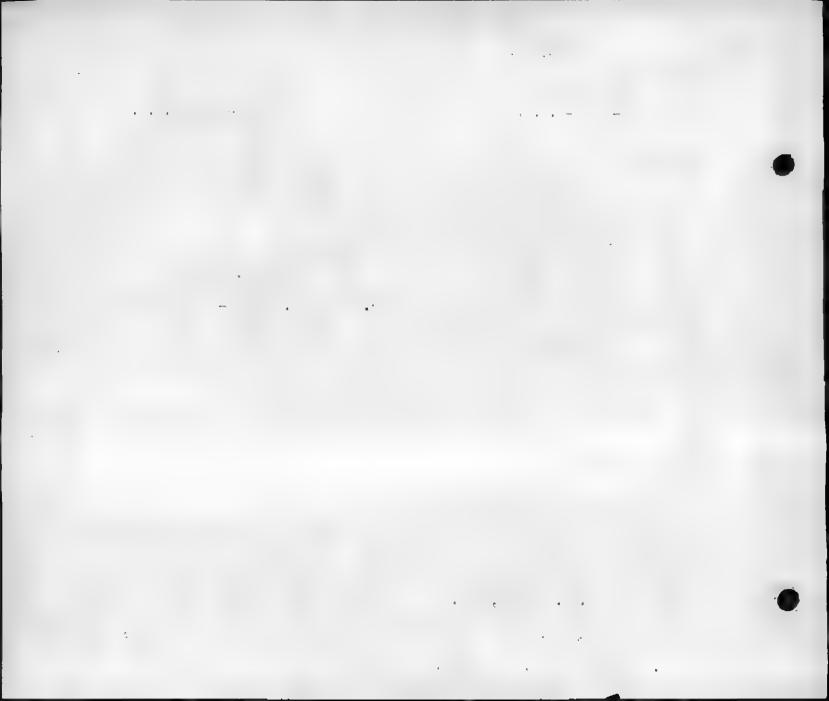
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05728

						Keg	. DISI. NO		
1. PLACE OF DEATH	rederick	MARY	LAND	2 USUAL RESIDENCE (V	Where deceased yland	lived If institution: Re b. COUNTY	Frede		
ond give neglest town	Rural-R.F.D.		IN 1b			ote I mits, write RURAL ural_R.F.D.		earest lown)	
d NAME OF HOSPIT	_	t in hospital, give street addres	15)	d street address / Ford Road					
3. NAME OF DECEASED (Type or print)	First VIRG	Middle E ALICE		CONNON	4. DATE OF DEATH	Month May	Doy 27	Yeor 19 60	
5. SEX Female	White w	MARRIED NEVER MARRIED		April 21, 18	90	Month	DER TYEAR	Hours Min.	
100. USUAL OCCUPATION during most of working House	ON (Give kind of work done to life, even if relired)	106 KIND OF BUSINESS OR At Home	INDUSTR	Y 11. BIRTHPLACE (Stote Maryla	or foreign coun	(ry) 12.		F WHAT COUNTRY	
13, FATHER'S NAME	David Wastler			14. MOTHER'S MAIDEN :	ah A. P	almer			
	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.		ormant Lybert P.	Cannon-	Same as It	em #2		
Conditions, it of gove rise to imme (a), stating the cause test.	diate couse underlying DUE TO	ONS CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	INALDISEASE C	ONDITION GIVEN IN	11	9. WAS AUTOPSY PERFORMED?	
PART II. OTI		ESCRIBE HOW INJURY OCCU					(Carata)	f\$ 1-(a)	
20c. TIME OF INJU Hour o. m. p. m.	19	While Not while of work of work	factor	E OF INJURY (Home, form ry, street, office bldg., etc	.) ;	lownj	(Caunty)	(Stote)	
1		the remains describe ural causes 🚮 . Acci				nection , Inc		_	
ACTUAL SIGNATURE	Blitter	ones	د	M D CHIEF MEDICAL E		7		DATE SIGNED	
EXAMINER'S NAME (Type)	B. O. Thom			DEPUTY MEDICAL	EXAMINER T			7/60	
220. BURIAL, CREMAT C REMOVAL ISPECTS BURIAL	May 30, 19			Cemetery	Frede	N (City, town, or count rick Count	У,	Maryland	
23 FUNERAL DIRECTO		ADDRESS	3		D BY REGISTRAL	24b, REGISTRAR'S	SIGNATUR	RE	
M. R. Etch	rison & Son.	Frederick. Mar	ylan	C DATE	MAY 2 1 18	0 0 11	0 4		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5756 CERTIFICATE OF DEATH

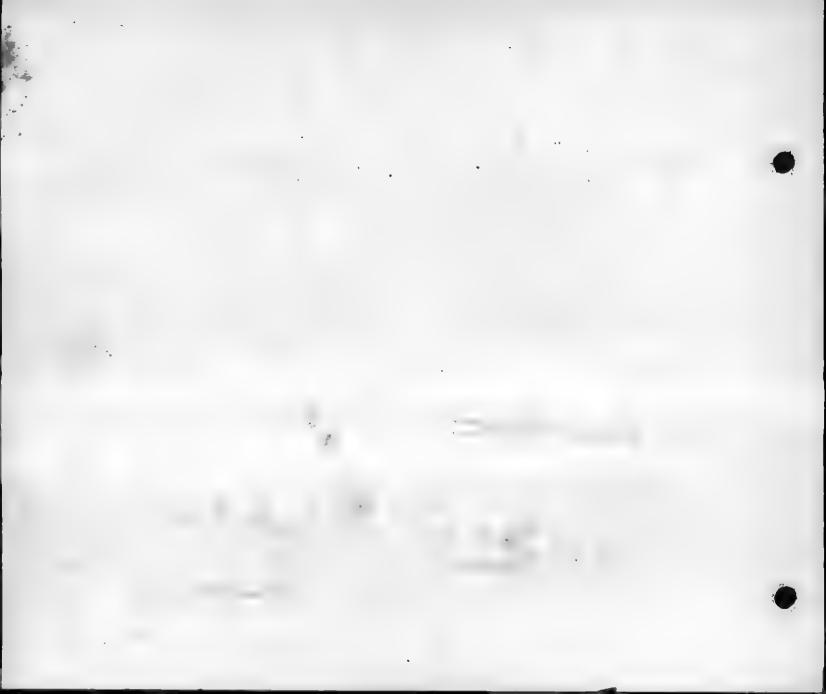
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		LACE OF DEATH	Frederick		MARYLA		USUAL RESIDENCE a. STATE	(Where decease	ed lived. If instituti b COUNTY			ssion) /
1	ь	. CITY OR TOWN (IF	f outside carporate lim		ENGTH OF STAY IN	116	c. CITY OR TOWN		orate limits, write R		e nearest law	m)
		Frederi		5	months		C	berland		0	102-	2
	-	I. NAME OF HOSPITA	AL (If not in hospital,				d STREET ADDRES				e. IS RE	SIDENCE
,		OR INSTITUTION	niek Hospi	+01			208 Knox	Street				A FARM?
7	3 1	IAME OF	11	Fi) /	Middle	ĮI	- Lost	4. DATE	A. Mon	nth	Day	Year
	(Type or print)	/pr	Jadi	OSadie E	I. Co	kvor	OF DEATH	Ma	7	4	1960
	5. \$	EX	8. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B D	ATE OF BIRTH		9. AGE (In years)		gys Hours	Min.
		Temale	White	WIDOWED X		- 00	n. 6,1886		74 yrs			
	10a.	USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tate ar foreign	cauntry)	12 CITIZE	N OF WHAT	COUNTRY?
		Housewi	-		m home		Penna.			US	SA	
	13. 1	FATHER'S NAME	70.M			1.	I. MOTHER'S MAIDE		-			
		George	Hayman				Cindarel	la Piss	seT			
ľ			R IN U. S. ARMED FO		AL SECURITY NO	17. INFOR	MANT		Add	ress		
l.		No			242126	Mrs	. Emma Bu	day, Cu	mberland.	, Md.		
-			TH [Enter only one o	//	(a), (b), and (c).	2/		1			INTERVAL B	
	П	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (o) (C)	retrat	141	in on	husl				
		331)	DUE TO)	2 4	V		,			2 da	~~~
		Conditions, if or		b)(Merci	11	terores					
	H	gave rise to in cause (a), stating t		5		/						
	H	lying cause last.		c)								
	TION	PART HAOTH	IER SIGNIFICANT CO	WITIONS CONTI	RIBUTING TO DEAT	H BUT NO	RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1	PERF	ORMED?
	Ϋ́	M	alous"	rece un	-	tunnen in		1 0 11 0	-1 H -5 'h 18 1		YES L	NO D
	CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	-OKKED (E	nter nature of injury	y in Part I ar Pa	rr II dr Irem 15.j			
	WEDICAL	20c. TIME OF INJUR	Y Month, Day, Yo			Ge. PLACE	OF INJURY (Home, street, office bldg.,	form, 20f. (Cit	y ar fawn)	(Cor	unty)	(State)
	MED	Hour a.m p.m.	19	White at work	Nat while at work	lacialy	, sirear, critice biog.	, 1012-7				
		21. I certify tha	t (I) (this haspite	il) attended t	he deceased fi	rom /	des 3	1960, to:	Many 4	19621	7 that (I)	(we) last
		saw the deceas		as 4	A .		h occurred at	6 .		- 4		
		22a. SIGNATURE		D				/		_		2b DATE
			1 (1 +	Jonsi	2.2	M D.	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	3	1414	SIGNED
		22¢ PHYSICIAN'S	-				22d. ADDRESS			41	1	0
		NAME (Type)					7	rede	neck,	hd		
	23a	BURIAL, CREMATIO	N, 23b. DATE THERE	OF 23c	NAME OF CEMET	ERY OR CI	EMATORY	23d. LOC/	ATION (City, town,	ar caunty)	(Ste	ate)
		REMOVAL (Specify) Burial			ill Crest	Buni	al Park	Cam	berland	Md.		
	24.	FUNERAL DIRECTOR"		700 III.	ADDRESS		كالكائمات المارات كالمستقدمات	REC'D BY REGIS		ISTRAR'S SIGN	NATURE	
		Byron K	light	Cumberl	and, Md.		DATE	MAY 9	60 a	ribus S. i	Kraus	

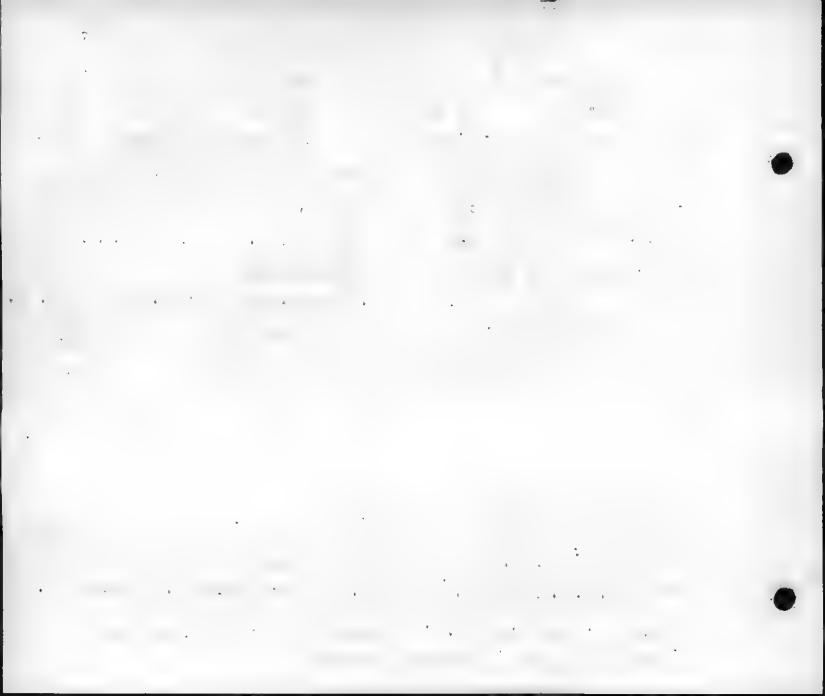
TO HOST I OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Pours ofter death. Pagement by Jined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remayal, and in ony event, within 72 haurs ofter death.

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) PLACE OF DEATH a. COUNTY **b** COUNTY Frederick MARYLAND Marvland Frederick eral c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporate limits write c. LENGTH OF STAY IN 16 RUSAL and give nearest town)
Frederick hrs. Thurmont rural e IS RESIDENCE d. NAME OF HOSPITA, (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION Frederick Memorial Hospital YES NO E 4. DATE OF DEATH NAME OF Middle Month Year ay (Type or print) 1960 IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T Months Male White WIDOWED 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) Maintenance Man U.S. Park Service U.S.A. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 2. Buchanan Devilbiss Margaret physicin remove 17. INFORMANT 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no or unknown) 213-18-0691 Thurmont, attending Robert Devilbiss Md. 030 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN) je ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. aval, Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth 20e, PLACE OF INJURY (Home, form, 20f (City or town) (State) Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at wark p. m. 1960, that (1) (we) last 21 I certify that (1) (this hospital) attended the deceased from... 19_60 and that death accurred at 22M, from the causes and on the date stated above. saw the deceased alive an 22a, SIGNATURE DIRECTO SIGNED ATTENDING PHYS MD 22c PHYSICIAN'S 22d ADDRESS NAME [Type] PUNERAL 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (State) page the Sta Burial Lewistown 5-16-60 Lewistown Cemetery Md. Fred. 2 256, REGISTRAR'S S GNATURE ADDRESS 25g, REC'D BY REGISTRAR 24 JAUNERAL DIRECTOR'S SIGNATURE Thurmont, VR A15 (4) DATE MAY 1 6 '60 Orthur & House 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Day

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TEX

> > (State)

(County)

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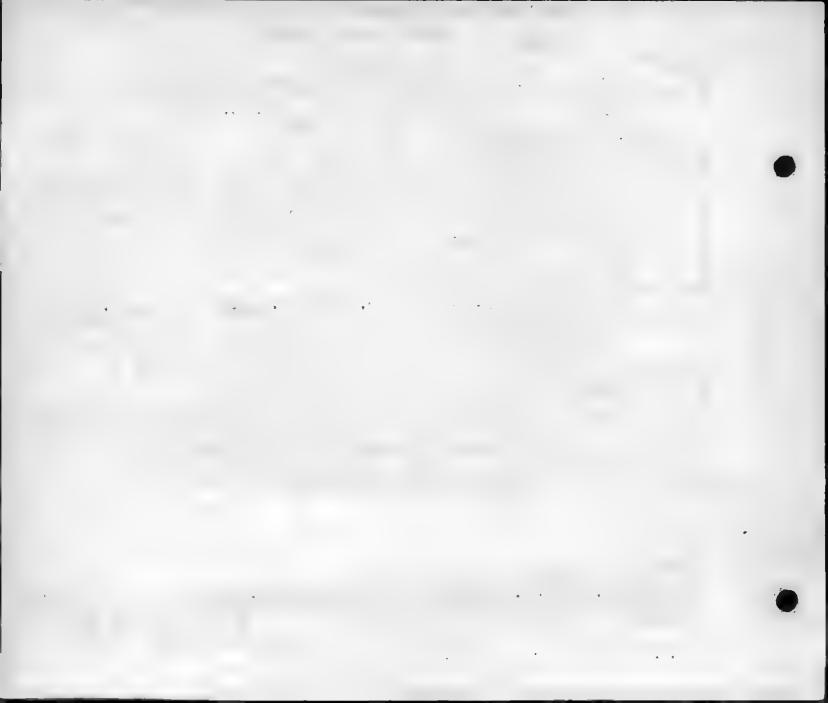
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIRECTOR:

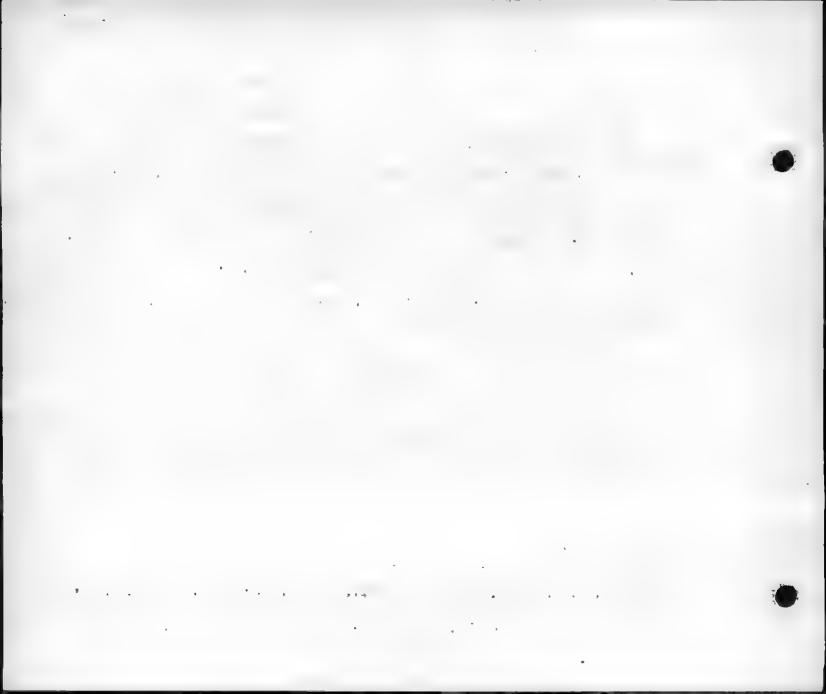
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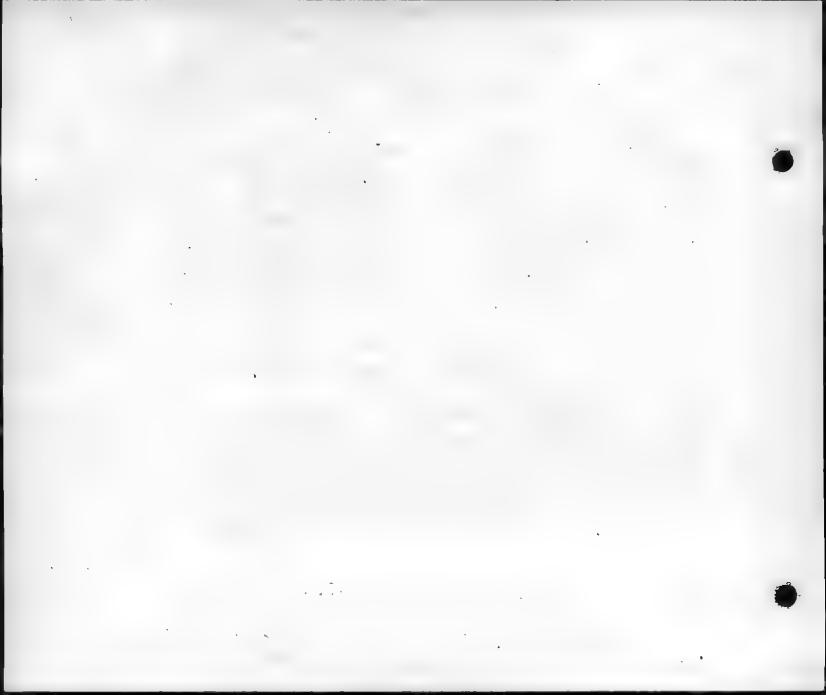
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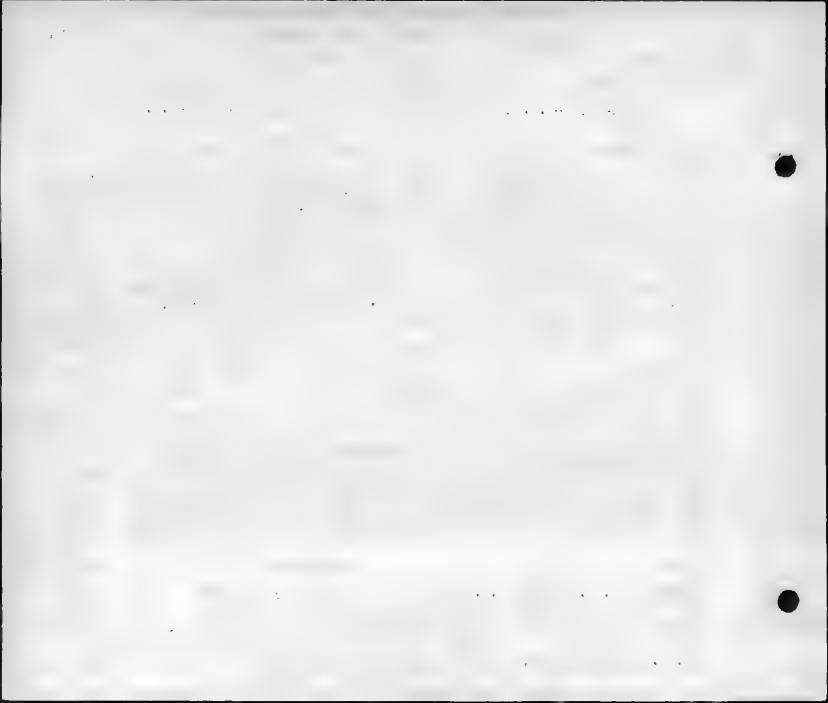
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4		O FUNKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill and by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagets. Pages 1 and 2 should be filed with	
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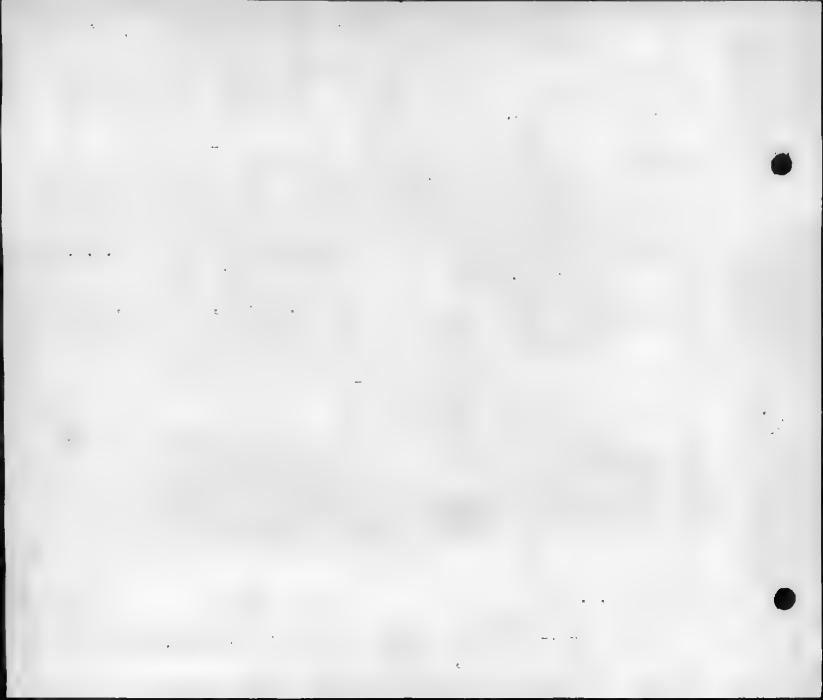
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		579	B)	CERT	FICA	ATE OF E	DEATH			Reg. Di	(i 5	73	5
1.	PLACE OF DEATH O. COUNTY FI	ederick		MARY	AND	2. USUAL RESI		land	d lived. If institution b. COUNTY		ce befor	_	ion)
	RURAL and give no	f autside carporate limi arest town)	44-	c. LENGTH OF STAY		c. CITY OR			-Rural-R		give nea	rest fowr	n]
		-Rural-R.D AL (If not in hospital, g	- 17			d. STREET A			-nural-n	• ₩ • ₩ ±		on A	FARM?
3.	NAME OF DECEASED (Type or print)	Fir JO		Middle HEN	RY	Los	Lost 4. DATE OF DEATH		Mon May		26	,	Year 1960
5. :	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		8. DATE OF BIRT		71	9. AGE (In years last distribution)	IF UNDER			* *
10a	USUAL OCCUPATION DURING MOST OF WORLD	N (Give kind of work and life, even if retired	done 10b.	Clay Shed	R INDU:	STRY 13. BIRTHPI		r foreign o	country)	12. CI	TIZEN O		COUNTRY
13.	FATHER'S NAME	Ephriam Fo	gle			14 MOTHER'S			Albaugh				
15. (Ye		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT Raymon	nd Fog	le, F	08 Eastd	Mar Mar	Str	eet	
		TH [Enler only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	ne far (a), (b), and (c)		Thron	į.	9-1-6-1			INTE	RVAL BE	TWEEN
Conditions, if any, which gave rise to immediate DUE TO								zmat					
7	lying couse last.	(c	DITIONS (CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	JAI DICEAS	E CONDITION GIV	FN IN PAR	T 1(a) 19	D WAS	ALITOPSY
CATION				CRIBE HOW INJURY OF								PERFO	RMED?
A CERT		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. 063										
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Yes	While	NJURY OCCURRED Not while of work	20e. PL/ fac	ACE OF INJURY (clory, street, office	Home, farm, bldg., etc.)	20f (Cih	y ar lawn)	(County)		(State)
	21. I certify the alive an	at I attended the	deceas _, 19			accurred at	121	.M, fran	m the causes a direct, city or town, uilding	nd an t	he dat	e state	ed above
	PHYSICIAN'S INAME (Type)	3. O. Thoma	s, M	.D.	de endeade de en	Fred	erick,	Mary	land				
22°	BURIAL CREMATIO REMOVAL (Specify)	May 28,1		Mount Oli					TION (City, town, o	r county)	N	(Stot	
	funeral director' M. R. Etch		, Fr	ADDRESS ederick, Ma	ryla	and	24a. REC'D		l l	TRAR'S SI			
										-			



VS A15ME 5M 2/57

	MARYLA	ND ST	ATE DEPART	MEN	IT OF HEALT	H-BA	LTIMORE,	18		
	5860 MED	DICAL	EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dist		736
1. PLACE OF DEATH O. COUNTY F	rederick		MARYL	- 11	USUAL RESIDENCE	(Where deced	osed lived. If instit b COUN	PM	deri	
and a ve regress toy	(if evilide corporate limits with R		c. LENGTH OF STAY IN	116	c. CITY OR TOWN (outside co		RURAL and g	live neare	town)
	TAL OR INSTITUTION (IF		tol, give street address)		STREET ADDRESS		(m)		e Y	IS RESIDENT
3. NAME OF DECEASED (Type or print)	Garland		Middle Loomor		Forrest	4. DATE OF DEATH	Ment 5	th	25	Year 19 60
5. SEX Malo	20714 2 44 4	MARRIED	NEVER MARRIED	7	ate of BIRTH	OW	9 AGE (In years long but			UNDER 24 HS
100 USUAL OCCUPAT during most of work NOME	ION (Give kind of work do ing life, even if retired)		NO OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stot		country)		S.A	HAT COUNT
13. FATHER'S NAME	George M			1	4. MOTHER'S MAIDEN	NAME	linona G		- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	•
15 WAS DECEASED E	ver in u. s armed force Don't Know		OCIAL SECURITY NO.		rmant rroll H.F	orres	Address st,Bruns		Mary	yland
	ony, which (b)	Acut Acut Aort		fa is-	ilure -		i i a		INTERVAL ONSET AN	BETWEEN ID DEATH
PART H. O	(c)_ THER SIGNIFICANT CONDI	Chro	nic Alcoh	oli	3m			VEN IN PART I	P	WAS AUTOPS'ERFORMED?
	AUSE WAS ONTRIBUTING [] 206	DESCRIBE	HOW INJURY OCCURR	ED (Ente	er nature of injury in Pa	ort I er Fort I	II of item 18)			
20c. TIME OF INJ		While	JURY OCCURRED 20e	PLACE	OF INJURY (Home, for, street, office bldg., et	m, 20f. (Cr	ly or town)	(Count	ly]	(Slote
1 1	that I toak charge on resulted from: No					- County	Inspection 🗍 e 🔲, Undet	, Inquiry ermined me		and in m
ACTUAL SIGNATURE	397		eas_		CHIEF MEDICAL	****			DA	ATE SIGNED
NAME (lype)	B.O. Thomas	- Fa	Zc. NAME OF CEMETER		DEPUTY MEDICAL	L EXAMINER	-			5/1960
REMOVAL (Specif BUPIEL) 23 FUNERAL DIRECTOR	" 5-27-19	/	Park Hei		8		inswiek.		and-	(Stote)
13. 14		nswi	ck, Maryla	nd	DATE	JUN 1	100	arthur g	Hans	A



FOR STATE

1

TO MEDICAL EXAMPLES: This certifice should be mecuted within 23 hours ofter Jeanh. If any delay is necessary please executes certificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the profile and discrete state of the Chief Medical Examiner's Office along with form PM3. Page 5 may be to red for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriot, cremotion, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5762MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 12. USUAL RESIDENCE (Where deceased lived if institution, Residence before a

	3104			Re	eg, Dist. No.
	1. PLACE OF DEATH		2. USUAL RESIDENCE (W	there deceased lived. If institution,	Residence before admiss on)
	c. COUNTY Frederick	MARYLAND	a. STATE RICK	Pa. b COUNTY]	Fulton
	b. CITY OR TOWN (If outside corporate limits, write RURAL and a ve negretal lower	E. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	autide corporate limits, write RURA	L and give nearest lawn)
	Frederick		Burnt C	abins	9
i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d STREET ADDRESS		IS RESIDENCE ON A FARM?
	Frederick Memorial Hos	spital	Dublin T	wnshp	YES NO
	3. NAME OF First	Middle	Lost 4	4 DATE Month	Day Year
Н	(Type or print) Roy	C	Fraker	DEATH May 22	19 60
	5. SEX 6 COLOR OR RACE 7- MARRIED			last by thefore l	NOER TYEAR IF UNDER 24 HPS
	Male White WIDOWED		April 5,18	00 yn.	nths Days Hours Min
	10a. USUAL OCCUPATION (Give kind af work dane 10b Kill during most af warking life, even if retired)		Y 11 BIRTHPLACE (State	or From town CO 12	CIT ZEN OF WHAT COUNTRY?
	Constructor worker	Plasterer	Pa. Bur	nt Cabins	U.S.A.
	13. PATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	
	William W.B. Fraker		Lilly Ma	y Comerer	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 17. IN		Address	•
/	Yes, no at unhown [If yes, give yor at doles of service]	-05-0302	Dr. Frank	Demogno and	Pa.
	18 CAUSE OF DEATH Enter only one couse per line fo	or (a), (b), and (c).	ur Robert	House McConne	al abititude
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		24- 240-00		Pun prain
	N DUE TO CR	ompound frac	ture of sk	ull with	
	Condition if an about torn	n brain tiss	ue		
	gove rise to immediate couse	ushed shest			36 hours
	couse fost.				00 20020
		NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CON				PERFORMED?
	200 EXTERNAL CAUSE WAS 206 DESCRIBE	HOW INJURY OCCURRED (En			or
	CAUSE OF DEATH. AU CO	he was driv	ing turned	in front of t	trailor tract
	3 20c TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 200 PLAC	E OF INJURY (Home, form	20f. (City or lawn)	(County) M(Cale)
	20c TIME OF INJURY Month, Day, Year 20d. IN 5-440 22 5/20 1060 White of world	k at work RO	ry, street, affice bldg., etc.; UCC 40	Nr, Frederick	k Frederick
À	21. 1 certify that I taak charge of the re	emains described abov	e, held an Autapsy	, Inspection X, In	quiry , and in my
۱	opinian death resulted from Natural co	provide a constant of the cons			ned manner
	- 6		,		TO MAINTE
	ACTUAL SIGNATURE	-	M.D. CHIEF MEDICAL EX	AMINER [DATE SIGNED
	Frederick	Md.	ASSISTANT MEDICA	L EXAMINER	
	EXAMINER'S TO COMP	AD .	DEFUTY MEDICAL E	EXAMINER D May 22	2,1900
	220. BUR AL CREMATION, 1226. DATE THEREOF	22c, NAME OF CEMETERY OR C	REMATORY	27d LOCATION (City, town, or cou	unity) (State)
	Burial 5/25/60 Bu	rnt Cabine	Cametary	Burnt Cabins F	ul ton CoPa
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	元 南 田 彦 - 本	BY REGISTRAR 246 REGISTRAR	'S SIGNATURE
	Andrew K. Coffman Hage	rstown Md.	DATE MA	W 2 4 '60 CL-15	r L Kenned
		TO CONT. THE			



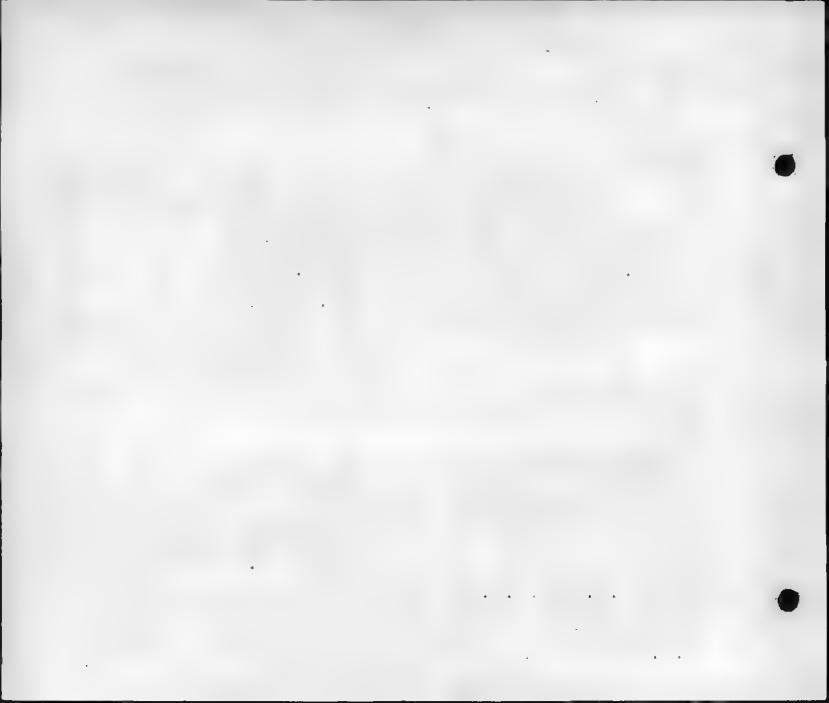
TO HELITIZAL DEL ATTINITINE THYLICIAN: The law requires that the death certificate be executed within 24 hours after Beath. Topic 4 may be assisted by the hospital ar attending physician.

TO FUNE AT DIRECTOR: After this certificate has been signed by the attending physician and completely file to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offled beath. TO FUNE

VS A1S (4) 15M P/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	5801	CERTIFICA	ATE OF DEATH	1		(15%) Reg. Dist. N	138					
1.	PLACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryla)			Residence bel		iion)				
	b CITY OR TOWN (If outside corporate limits, write Braddock heights	Since 2-60	c city or town (if o		nits, write RUI	RAL and give n	earest town	1)				
7	d NAME OF HOSPITAL (If not in haspital, give street of institution indobona Convalescent & F		d. STREET ADDRESS				e. 15 RESIDENCE ON A FARM? YES NO K					
3.	NAME OF First DECEASED (Type or print) WALTER	Middle FRANK	lost FRY	4. DATE OF DEATH	Month	May 3	-	Yeor 19 60				
5.	SEX 6 COLOR OR RACE 7 MARRII Male White WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 25 May 1878	9 AG	1 1 1 5 5 T T T 1 1 1 1 1 1 1 1 1 1 1 1	F UNDER I YEA Months Days	-	ER 24 HRS. Min.				
10c	USUAL OCCUPATION (Give kind of work dane lob. K during most of working life, even if relired)	arm Owner	Springfiel	_		USA	OF WHAT	COUNTRY				
13.	David C. Fry		14. MOTHER'S MAIDEN N Emma. R. F									
15 (Ye	S WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO NO (If yet, give wer or dates of service) None William E. Fry (Same as item #2)											
	TB. CAUSE OF DEATH [Enter only one cause per lime. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).)	Lemen	ha		00	TERVAL BE	DEATH				
	Conditions, if ony, which) (b)	aserved	Levera	local	heer	Selves	150	27/				
	gove rise to immediate couse (o), stoting the <u>under-lying cause last.</u> (c)			() //				/				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO					N IN PART 1(o)	PERFO	AUTOPSY DRMED?				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE										
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a. m. 19 While of work	Not while for	ACE OF INJURY (Hame, form clary, street, affice bldg., etc.	20f. (City or low	rn)	(County	·)	{State}				
21. I certify that I attended the deceased from 1957 to 5/31, 1958, that I last saw alive on 5/46, 1960 and that death accurred at 3:25A M, from the causes and an the date: ACTUAL SIGNATURE SIGNATURE ACTUAL												
	PHYSICIAN'S A. T. Brice, M. D.											
L	BURIAL CREMATION, 226 DATE THEREOF BURIAL 6-2-60	Reformed Cem	etery	Jefferso	n, Mar	yland	(Stole	e)				
23.	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Fre	derick, Maryla	and l	MIN 3 '60		rar's signati						



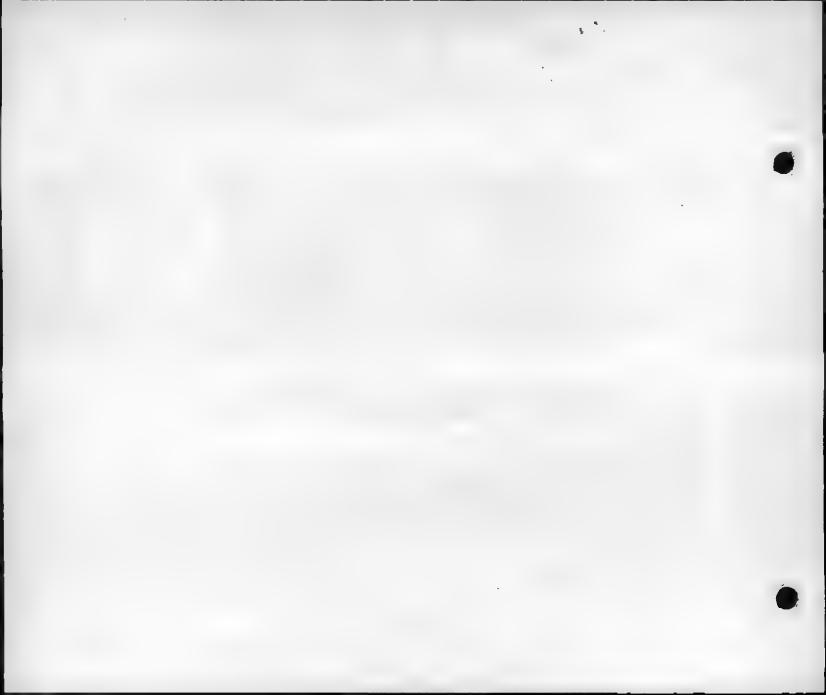
CERTIFICATE OF DEATH

	PLACE OF DEATH					2 USUAL RESIDE	NCE (Where de		If instituti		e befo	re admis	sion)
L	Fred	erick		MARYLA	IND	Mai	ryland			Fred	er:	ick	
	b CITY OR TOWN (I RURAL and give no	f outside corporate l'imit	ts write	c LENGTH OF STAY IN	4 JP	c CITY OR TO	WN (if outside	corporate limi	ts, write R	URAL and gi	ive nec	rest fow	m)
	Burkitts			life		KRumbett	ttsvill	1.0					
, l		AL (If not in hospital, g	ive street o			d. STREET ADI		LC				e. IS RE	SIDENCE
	OR INSTITUTION			,		1						ON A	A FARM?
F												103 E	3 110
	3. NAME OF DECEASED	1.74 7 7 4 - W		Middle	1	- Lost-	4. D/	Mor	nth —	Da	У	Yeor	
	(Type or print)	William	l	Arthur	\ \-	lucy in	EATH		5	1 196			
	5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	(F) B.	DATE OF BIRTH		9 AGE	(In years	IF UNDER 1	YEAR	IF UND	ER 24 HRS
	male				40	77/70	/1022	lost b	pirthdoy) ソフ yrs	Months	Days	Hours	Min
- -		17.5-0-1		KIND OF BUSINESS OR		TT TT	1932	ian country)	7	12 (1717	EN OF	E WHAT	COUNTRY
- 1	during most af warl	ting life, even if retired)	idne ruu.	KIND OF BUSINESS OF	IIKODŽII	KY II. BIKIMPLAK	CE (Sigle of little	ildu coomily)		12,01112	EIN OF	AASIME	CODIMIKI
	unemplo	ved				Mary	land				TI	S	
	13 FATHER'S NAME					14 MOTHER'S N					-01	130	
	Arthur G	uyton				Paul	line Ze	echer					
7	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17, INF	DRMANT			Add	ress			
	[les, no. or unknown]	(If yes, give war or dates of si	(rvice)	none	Ant	hur Guy	rton T	Rismlet +	+ 077	1770	14	2	
Ŀ	/				PAT U	riur duj	7 00119 1	<u>Juini</u> (USV.	وتتاللا	PIC	I DV AL D	FTWFFN
1		ITH [Enter only one co	use per, MT	e for (0), (b), and (c)	Mar	-							D DEATH
	PAKI I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (6)		neunar	uc	es					-2	7 1	
	2523	DUE TO		-		- 1 0			,				
	Canditions, if a	nu which 1	VIA	100 les	11.	Am /	Lecau	re 1	Lee	25	1 /	Toy!	F
	gave rise to i	mmediate (- Composition		6	50° 20° 20°		34			1	-
1	cause (a), stating	the under- DUE TO	5	Carret Fl	1	19.1/3	2	10%	1. 3c	1 2 1	*	a soft	The state of
	ly ng cause last) (c	<u>×.</u>	very	cery	1412	7		, , , , , , , , , , , , , , , , , , , ,				4
1	PART IF OTE	TER SIGNIFICANT CON	DIT ONS C	ONTR BUTING TO/DEAT	H BUT N	OT RELATED TO T	HETERMINAL D	ISEASE COND	IT ON G	VEN IN PART	1(0)		AUTOPSY ORMED?
	8											YES [] NO [
	E 20a ACCIDENT WA	S JNDERLYING	20b DESC	RIBE HOW INJURY OCC	CURRED	(Enter noture of	injury in Port I c	or Part II of te	em TB)				
	OR CONTRIBUTING	CAUSE OF DEATH											
	A 20c. TIME OF INLUR	Y Month, Day, Yea	204 (1)	NJURY OCCURRED 2	On PLAC	E OF INJURY (He	ame form 20f	Malu or town	1	100	ounty)		(State
	9	, , , , , , , , , , , , , , , , , , , ,	While	Not while		ry, street, office t		. (Cit) of lows	'1	ĮC,	OUTHY		farme
1	Hour a.m.	19		k ot work					,				
4	21 I cortify the	it (I) (this haspital	\ attend	led the deceased f	ram	alberi	2719/00	10 //	Kery	1, 196	O th	ot (I)	(well as
Н									/				
	saw the decea:	sed alive on		7 196 Cand t	nat de	all accurred	BIM, h	ram the co	iuses ar	on the	aare		<u>d</u> abave 2b DATE
	120 S GNATUKE	171	Fee!			ATTENDING	MED	STAF	F			Z	SIGNE
		- · · h 1 =		were.	M.	D. PHYS	DIRECTO						
1	22c PHYSICIAN'S NAME (Type)	11 -1 -		FULL Park		22d. ADDRES	S		_	ζ,	- ,	,	
	(Avec (Type)	77 : 7	11	7-			Server !	-	50		7.1	.7	
-	230 BURIAL CREMATIC	IN. 236 DATE THEREO	F	23c NAME OF CEMET	EBY OR	CPEMATORY	1 224	LOCATION (C	he town	Or country	ende que	(Sta	210)
	REMOVAL (Specify)	4 4						· ·	,			1010)·ej
-	~	1, 3, 4,	00	Pleasant	Vi	ew Ceme		Middl	eter	m, M	d	_	
	24. FUNERAL DIRECTOR			ADDRESS		2	25a. REC'Ď BY R	EGISTRAP	25b. RFG	STRAR'S SIG	MATU	RE	
	Gladhi	11 Compan	37	Midal Lt.		3.7.3	TATE TEAT	4 00		Francis !	a. /	Ps.Pullfording	

may be Jined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. urs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSP VR A15 (4) 15M 9/59

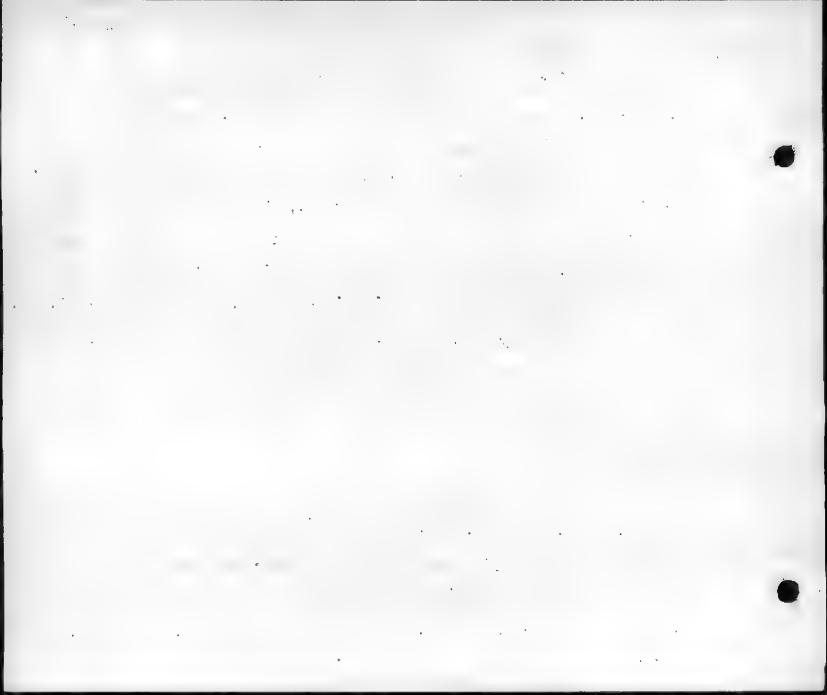


arthur S. Hrous

VS A15 (4)

15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ofter death.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ofter death, Page within certificate

requires that the death



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
W 25	7		5764 CERTIFICATE OF DEATH (15743) Reg. Dist. No.
Caretor filed with	_/		PLACE OF DEATH D. COUNTY Frederick MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) D. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY 6. COUNTY
offer death the funeral should be	,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) FIRMERICAL C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOTTESVILLE,
N >CM	,		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Frederick Remarks YES 2 NO
ithin 24 havr			NAME OF DECEASED Virginia Reeded HEWITT DEATH 5 23 1960
3 = /	T	5. 1	F WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Min. Months Days Hours Min.
e be executed ion and cample carbon papers.		100	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. FIRTHPLACE (State or foreign country) 12. CIUZEN OF WHAT COUNTRY COU
cate be licion or re carbo rs ofter		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME MONY Brayson
ng physe remover 72 hou		1S. Yes	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RADIAL BANKS Address Company Unknown (It yes, give wor or dates of service)
attendir n pleose t within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pheumonia / Right lower (abe) NITERVAL BETWEEN ONSET AND DEATH 5 days
es that the day the mit. The any even			conditions, if any, which) put Thoracoplasty in 1947 (Pulmonary TB) 13 year
requires tion. en signed nsit pern			gave rise to immediate coese (a), stating the under: lying couse last Co Mal nutrition Life time
physicial physic		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: Ti rending ficate h the buy	Total Control		20s. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
PHYSIC al or ott his certi r use os emotion		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not Month, Day, Year Not Month, Day, Year Not While Not while at work at work at work at work at work.
ADING haspites After the ched far			21. I certify that I attended the deceased from May 22, 1960, to May 23, 1960, that I last saw the deceased alive on May 22, 1960, and that death occurred at 4 A M, from the causes and on the date stated above
R ATTER d by the RECTOR: be deto or to bu	1		ACTUAL Raft & hundred M.D. Showning (cuter) DATE SIGNET
OSPITAL OR The pined INE DIRECT STORY STORY	•		PHYSICIAN'S Ralph L. Michels Frederick, heargand
o HOSP may be o FUNE page 3		220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town. or county) Burial 5/25/60 Monocacy Beallsville, Md
VS A15 (4) 15M 9/55		23. U	FUNERAL DIRECTOR'S SIGNATURE Barnesville, Md 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 2 7 '60 Carling S. Kannes
		_	



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	and the same	ш
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	41	- 1
		- 1

FOR STATE

TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any defects is necessary, please execute certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the city of certain Page 4 shall be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be recovered for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

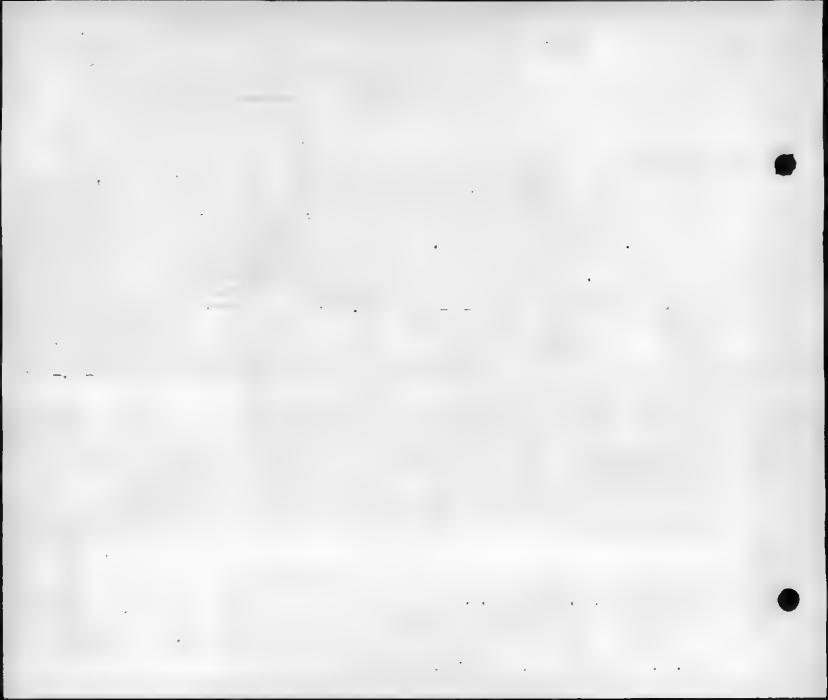
ence.

VS. A15ME 5M 2/57

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH .05744

	PLACE OF DEATH	Frederick		MARYLANG		CE (Where deceased lived laryland		ence before odmission) ederick			
)	b. CITY OR TOWN (III of and give reversal town) Frederick		ROPAL	c. LENGTH OF STAY IN 16		N (If outside corporate t	imits, write RURAL and	d give neorest town)			
		L OR INSTITUTION /	f not in hora	otal, give street address)	d. STREET ADDRESS e IS REJIDENCE						
	Everedy C	·	r nor in dosp	nicit, give theet booless)	232 East Second Street						
	3. NAME OF DECEASED (Type or print)	LEON		Middle ELSWORTH	ELSWORTH HOSSLER DEATH May						
1	5. SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HR						
ı	Male	White	WIDOWED	DIVORCED .	July 31, 1	L908 51	yrs, Months	Doys Hours Min.			
	10a. USUAL OCCUPATIO during most of working Fireman	Llife, even if refired)		ND OF BUSINESS OR INDU		Stole or foreign country)	12 CIT	USA			
1	13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME		40-14			
	Jesse	S. Hossle	r			Alice Waltz					
1	15 WAS DECEASED EVE	R IN U. S. ARMED FO	nervice)		INFORMANT		Address	""			
1	No	77, 41, 41, 41, 41, 41, 41, 41, 41, 41, 41	21	4-10-2164 1	irs. Virgini	ia Hossler-S	ame as Ite	m #2			
	18 CAUSE OF DEAT	H Enter only one cou	se per line fi	or (a), (b), and (c).]			_	INTERVAL BETWEEN ONSET AND DEATH			
1		H WAS CAUSED BY: MMEDIATE CAUSE (0)	C	ORDNARY THRO	/BOSIS			Minutes			
1	450.	DUE TO									
	Conditions, if on		A	retrio-Saker	1919 Vascula	ar Heart Dis	ease	1-Yr. pPlus			
	gove tise to immed (a), sloting the u										
	couse lost.	(c)						The second secon			
	PART II, OTH	ER SIGNIFICANT CON	offions <u>col</u>	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE COND	DITION GIVEN IN PAR	T 1(6) 19, WAS AUTOPSY PERFORMED? YES NO			
	- 1	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	(Enter noture of injury in	Port Lar Part II of Item	16.)	- A			
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yee	While	Not white of work	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f. (City or tow , etc.)	n) (Cod	unty) (Stote)			
	21. 1 certify th	of I took charge	of the re	emoins described ob	ove, held on Aut	opsy 💢 . Inspect	ion . Inquit	y . ond in my			
7.00	opin on death	esulted from: t	Natural c	ouses Accident	. Suicide .	, Homicide,	Undetermined r	monner [
-	ACTUAL SIGNATURE	60.3	hos	nin		AL EXAMINER		DATE SIGNED			
	EXAMINER'S NAME (Type)	B, O. Thom	as, M.	D.		CAL EXAMINER CAL EXAMINER		5/4/1960			
	220. BURIAL CREMATION REMOVAL (Specify)	1 7226 DATE THEREC	F	220 NAME OF CEMETERY C	R CREMATORY	22d LOCATION (C	ity lown, or county)	(State)			
	Burial		960	Mount Olive		Freder		Maryland			
	23. FUNERAL DIRECTOR'S		B.	ADDRESS) -		24b. REGISTRAR'S SIG	GNATURE			
	M. H. Etch	ison & Son	, Tred	erick, Maryla	and par	MAY 6 '60	(7-TL., 1 8	Harra			



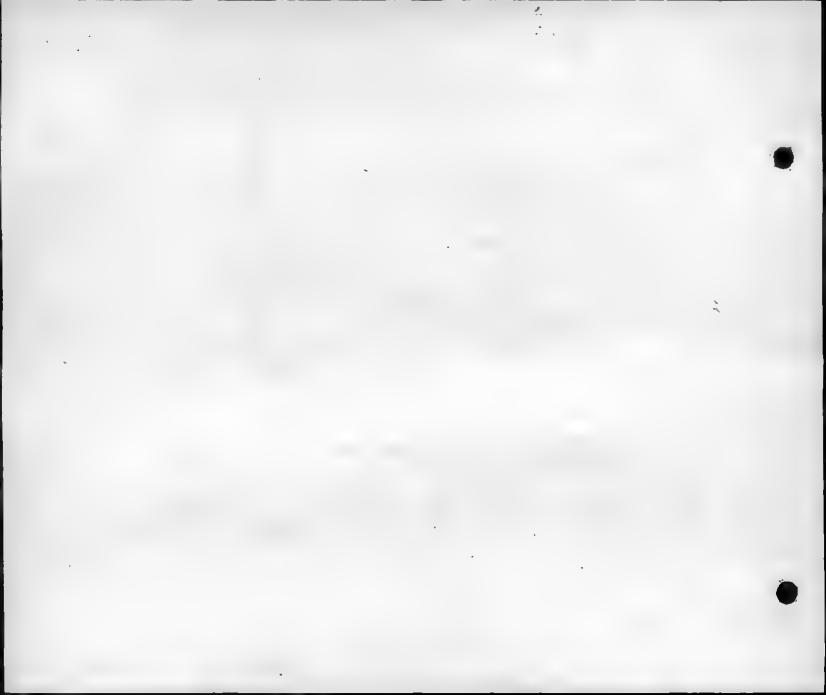
3 ·1 ×	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05745
HEALTH DEPT.	Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived it institution Residence before admission)
Page est.	"o. COUNTY Freshereck MARYLAND O. STATE Manufand B. COUNTY Mentospormer
· · · · · · · · · · · · · · · · · · ·	b CITY OR TOWN (I outside carporate limits, write RURAL ond give heares) town)
rector do of	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Te IS REJIDENCE
Bao C	Frederick menosen Hospital
State	3. NAME OF Pirst Middle Lost 4. DATE Month Day Year
the the	(Type or print) Bruse Les House DEATH May 2-2 1950
If a 3 to 3 to with ms of	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE in your IF UNDER TYEAR IF UNDER 24 HRS for bribdey) Months Days Hours Min.
and and d 2 d bac	10a USUAL OCCUPATION (G've kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
P 2 9 9 7	Farma Rented Farms Manyland 2.5, a.
A SE	13. FATHER'S MANDEN NAME
hour rm P	15. WAS DECEASED EVEN N. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT
Giv Giv Giv	No. 1 (17 you give wat or dales of survives) Card Lost Mary Helenhouse & Produce William William
dia 4	IF. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
Head along the control of the contro	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coulded Franches 7 hours
ffice from	DUE TO
rend free	gove rise to immediate cause [5] Conditions, If only, which gove rise to immediate cause [6] Conditions, If only, which [6
in i	(a), stating the underlying OUE TO Type Secretary
afe stangarding and oscillations	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
"per lical fical crer	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS ALTOPSY PERFORMED? YES NO EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part II or Port II of Hem 18.) CAUSE OF DEATH.
Med by Driot,	
The t	20c. TIME OF INJURY Month, Doy, Year 20d. IN.URY OCCURRED 20e PLACE OF INJURY (Home, form, P. m. 19 of work at
fing the diameter	
X day	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my apinion death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
At E orde	
forw ored	ACTUAL SIGNATURE CONTRACTOR M.D. CHIEF MEDICAL EXAMINER []
A A A A A A A A A A A A A A A A A A A	EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL E
TO SHE SE	220. BURIAL CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d LOCATION IC ty, town, or county) (State)
0 4 0 0	Burial May. 26. 1960 Lewistown Cem. Lewistown Fredk. Co MD
VS A15ME	23- FUNERAL DIRECTOR'S STONATURE ADDRESS 240 REGISTRAR'S SIGNATURE
5M 2 57	
1	Maymond E, Creager



Frs after death. Page 4

OR ETTENDING PHYSICIAN: Till taw requires that the dimith certificate be executed within 24 TO HOSP!

Frederick Memorial Hospital NAME OF OCCASED (Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DAJE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR) F. D. O.	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give ne	le l
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give ne	7 7
Frederick d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Frederick Memorial Hospital NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 7. AGE (In years lift Under 1 YEAR IF Under 1)	own)
OR INSTITUTION Frederick Memorial Hospital NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Days Hall Days Hall Manths Days Hall Days Hall Manths Days Manths Days	
Frederick Memorial Hospital NAME OF OCCASED (Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DAJE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR) F. D. O.	RESIDENCE
OF DEATH Catherine R Catherine SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DANE OF BIRTH 9. AGE (In years life under 1 years If under 1 year	☐ NO 🖸
SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF U Manths Days Ha	Year 19 60
iost pirmody) Manths Days Ha	NDER 24 HRS
female white widowed Divorced 6/28/1886 73 75	irs Min.
00 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH.	AT COUNTRY
housewife own home Maryland U.S.	
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Singleton E. Remsburg Frances Shafer	
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address	
no 213-24-7844 Mrs. Hilda Korrell, Middletown,	Md.
ONSET A	ND DEATH
PART I. DEATH WAS CAUSED BY. Climble Coronary Occhroson 2)	2 drs
D.O DUE TO 0 / 10 // 1/	1
Conditions, if any, which) 161 WARD sclerotic Alast dialese Uns	Bnow
gave rise to immediate cause (a), stating the under-	
lying cause lost. (c)	
	AS AUTOPSY RFORMED?
20g ACCIDENT WAS UNDERLYING TO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part for Part II of Item 18.)	<u></u>
GIF EITHER, NOTIFY MEDICAL EXAMINER)	
5 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 20e While Not while factory, street, affice bidg., etc.] (County)	(State
p. m. 19 at work at wark	
21 I certify that (1) (this haspital) attended the deceased fram. 1954, 19, to 5/10, 1940 that (P(we) las
saw the deceased alive an 5/101960, and that death accurred at 5:27M, from the causes and on the date sta	ted abave
220 SIGNATURE ATTENDING W MED STAFF	, 22b DATE & GNED
M.D. PHYS. DIRECTOR PHYS. 3/1	0/60
22c. PHYSICIAN'S NAME (Type) Dr. Kenneth C. Hondon	/
1 Memetri C. Henson Mule Ma.	
REMOVAL (Specify)	State)
burlal 5/13/1960 Lutheran Cemetery Middletown, Md.	
Gladhill Company, Hiddletovm, Hd.	
DATE MAY 1 3 60 Circles & Kraus	



CERTIFICATE OF DEATH

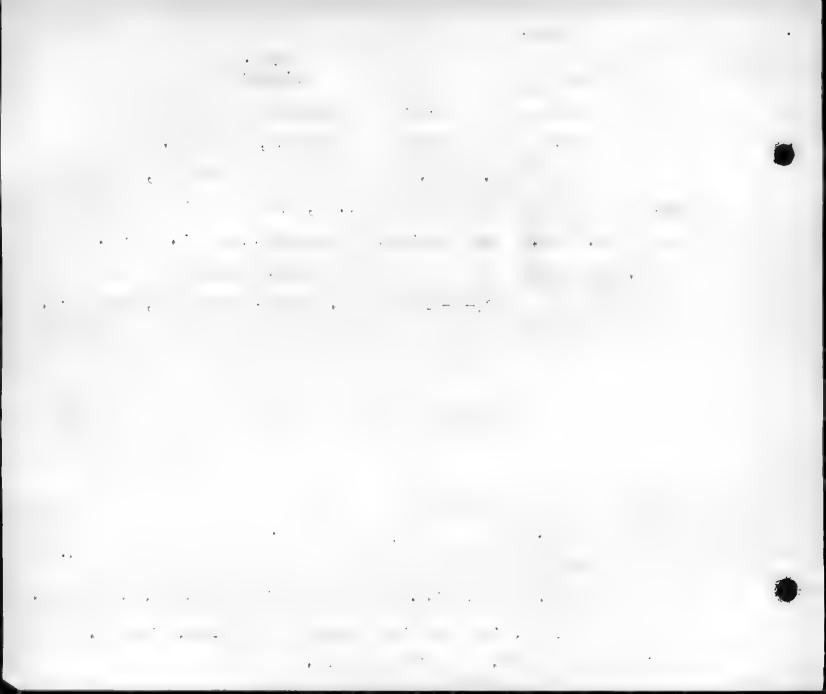
05747

5768 Reg. Dist. No. PLACE OF DEATH q_{ij} 2. USUAL RESIDEN TO THE ANALYSIS AND INVESTIGATION Res dence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND PREDDERIGK PRKDERTCK b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate timits, write RURAL and ave nearest town) RURAL and give nearest town) EVERTED ENGINEER BREDERICK d NAME OF HOSPITAL (I not in hospital, give street address) d. STREET ADDRESS # IS RESIDENCE OR INSTITUTION YES NO MARAITM FREDERICK MEMORIAL HOSPITAL BREDER I CK NAME OF First Middle 4. DATE Mon th Lost Day Year DECEASED (Type or print) DEATH 6 1960 KING-CARITON 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Manths Days Hours DIVORCED [7] WIDOWED [FR yrs Male JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12, CITIZEN OF WHAT COUNTRY? USA. Frederick County Owner & Sec. Dairy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Yingling Nattle Otd.a 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 302. College Ave Missa Catherine Thomas No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY O-CC WALRI IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALITOPSY PERFORMED? YES NO 204 ACC DENT WAS UNDERLYING A OR CONTRIBUTING ACCURATE 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. MEDI While Not while 19 al wark of work p. m. 1960 that I lost saw the deceased 21 I certify that I attended the deceased from and that death occurred at 10:5A alive on _M, from the causes and on the date stated above **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type Professional Bldg. JAMES B. THOMAS 270 BURIAL, CREMATION, 22b. DATE THEREOI 22d. LOCATION (City town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL Specify Product C- North Signature PURTAT 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR MAY 1 2 '60 arthur S. Minus BREDER FOK

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VS A15 (4)

15M 9/5B

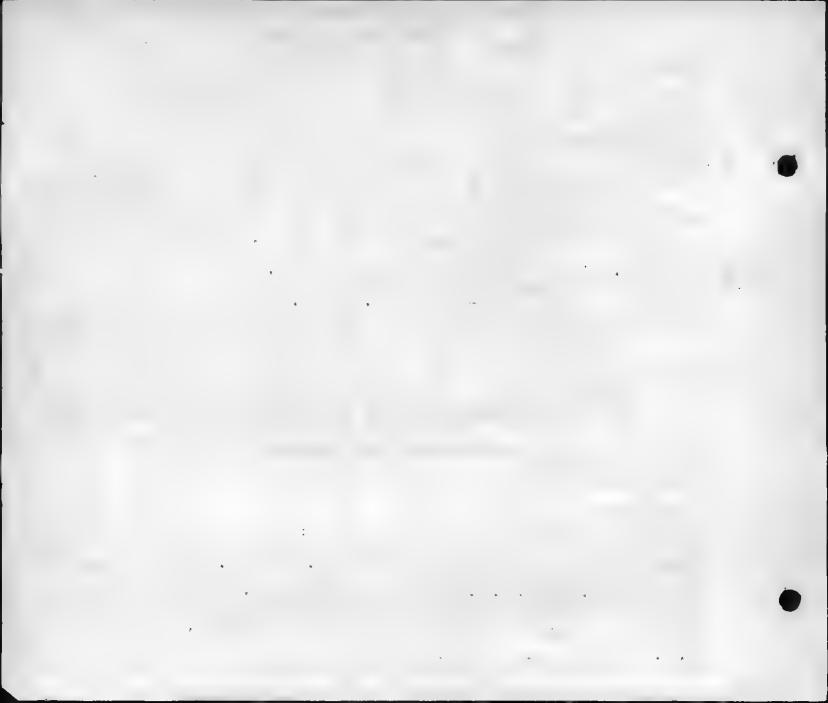


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1.	PLACE OF DEATH 6. COUNTY Fre	derick			MARYLAND	2.		ence (w laryl		d lived. If instit b. COUN		Frederick				
	b. CITY OR TOWN (I RURAL and give no Edamsto	f outside corporate line carest fawn) wn—Rural F	its, write LD# 1	c. LENGTH O	Years	,				rote limits, write ural RD		i give nec	prest fow	m)		
	d. NAME OF HOSPIT OR HASTITUTION NEAT DU	AL (If not in hospitol, ckeystown	give street	oddress)			/ d. STREET ADDRESS Near Buckeys			stown			ON	SIDENCE A FARM? NO		
3.	NAME OF DECEASED (Type or print)		WARD		Middle LIAS		KRISE		4. DATE OF DEATH	N	onth Má	ay 16	7	Yeor 1960		
5.	Male	S. COLOR OR RACE	7. MARE		MARRIED []		ATE OF BIRTH			9. AGE (In year lost by theory	Months		Hours	DER 24 HRS. Min		
100	during most of work Farmer	ON (Give kind of work king life, even if refire	3)	KIND OF BUSII		USTRY				ountry) aryland		ITIZEN C)F WHA	T COUNTRY?		
13.	FATHER'S NAME					14	MOTHER'S		-							
	Edward L.	Krise					Amer	ica .	A. Han	key						
15.		R IN U. S. ARMED FO (If yes, give wor or doles of	samuant !	SOCIAL SECUR 219–36–2			Mant Hazel	E.	Krise	(Same	^{ddress} as ite	em #1	L)			
CERTIFICATION	Conditions, if or gove rise to it couse (o), storing lying couse tost. Part II. OTH	mmediate Court	c)	CONTRIBUTING	TO DEATH BL	T NOI	RELATED TO	THE TERM	RINAL DISEAS	E CONDITION (GIVEN IN PA	ART 1(0) 1	PERF	AUTOPSY ORMED?		
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	1	CRIBE HOW IN			of INJURY (F							45***		
MEDICAL	Hour o.m. p.m.	19	While of wor	Not while		octory.	street, office	bldg., etc	c) [(County)		(Stote)		
	actual SIGNATURE	at I attended the 2-17- Ax A ex R. Marti	, 19 <u>.</u>	arty	that deat	M D.		. Ma	ADDRESS (S	n the cause: treet, city or tov	and an	the da	ite stat	deceased ted abave. DATE SIGNED 1960		
22	BURIAL CREMATIO	5-19-60			of CEMETERY			7		iion (City, tow			(Sto	ite)		
	FUNERAL DIRECTOR M. R. Etch	s signature nison & Son	, Fre	ADDRESS ederick,		ané			O BY REGIST		GISTRAR'S					



funeral

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DIRECTOR:

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VS A15 (4)

15M 9/58

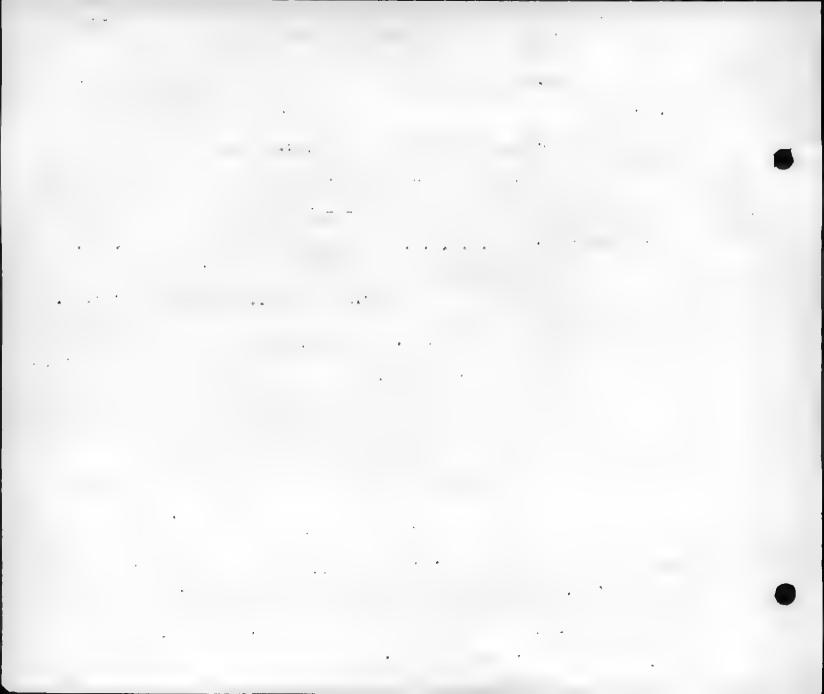
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY files. Health, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate lim'ts, write RURAL and give nearest lown) CITY OR TOWN (If outside corporate I mis write RURA) ON A FARM d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YEST NO NAME OF 4. DATE Middle Month Yeor DECEASED OF DEATH 1966 (Type or print) 9 AGE lin years NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF LINDER 24 HRS 5. SEX 4. COLOR OR RACE 7. MARRIED Months Hours WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page ! during most of working life, even if retired) Pages a P.M3. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME form | File p W) WAS DECEASED EVER IN U S ARMED FORCES? 17. INFORMANT Ony in the second 5 INTERVA BETWEEN 18 CAUSE OF DEATH [Enter only one cause per l'ne for (a), (b), and (c). Gua DISSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 0 Office **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLER. WAS AUTOPSY CERTIFICATION PERFORMED? ief Medical YES [7] NO 7 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Doy, Year (State) 20c. TIME OF INJURY i 20f. (City or town) (County) factory, street, office bldg., etc.) White Hour Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my orded t opinion death resulted from. Notural causes XI. Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER [T **EXAMINER'S** DEPUTY MEDICAL EXAMINER PR NAME (Type) Shou 22d LOCATION (City, lown, or abunty) 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Slote) REMOVAL (Spec fy) 70 Laytonsville Meth. Levtonsville ADDRESS 24o. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE VS ALSME Laytonsville. Md. 5M 2/57



after death the death certificate VS A15 (4) 15M 9/55 05751

. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19 60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

28

Days

(County)

USA

IF UNDER 1 YEAR! IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

618

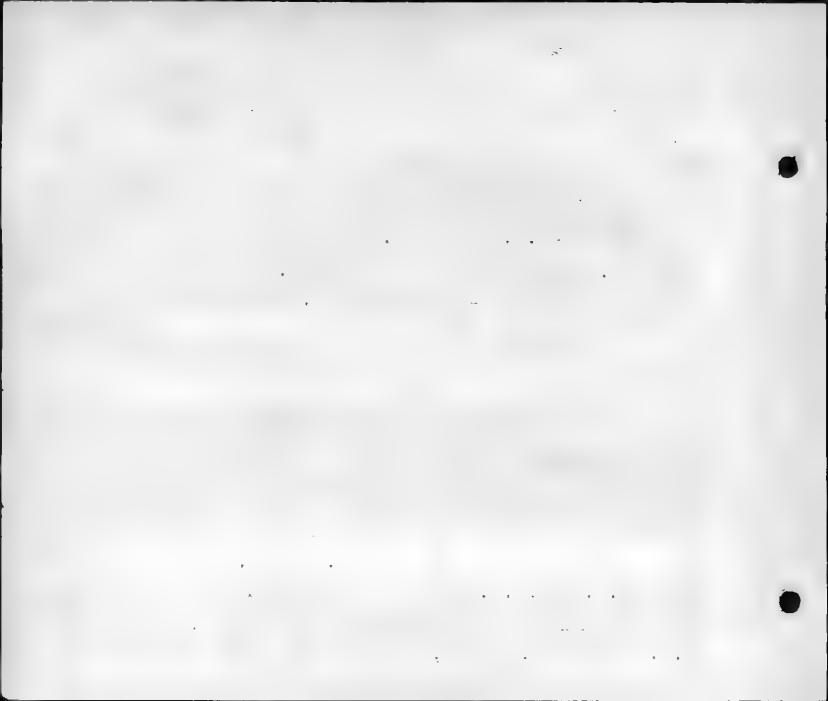
PERFORMED? YES NO K

(Stote)

DATE SIGNED

31 May 1960

May



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5771

05752

		PLACE OF DEATH O COUNTY	dand als		MARYI		2. USUAL o. STAT	E		lived. If institution b. COUNTY	_		sion)
	-	b CITY OR TOWN (If or	derick utside corporate limit	s, write c. L	ENGTH OF STAY	IN 16	c. CITY		yland outside corpore	ote limits, wrate RL	Freder		n)
		RURAL and give neare Frederick	est lown)		Years		Y	*	,	ral- R.F			,
1		d. NAME OF HOSPITAL	(if not in hospital, gi				/d STRE	ET ADDRESS	T.TCV				SIDENCE
Y		Frederick	Memorial I	Hospita	1		/ 3	Cellow	Springs	1			NO A
		NAME OF DECEASED (Type or print)	Ch &	vles	Middle E	lise	Li	NION	4. DATE OF DEATH	Mont M X y	h [ay	Yeor
	5	SEX 6	. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8 🖂 d	DATE OF	BIRTH	1	AGE (In years	IF UNDER 1 YEA		
		Male	White	WIDOWED [DIVORCED		ctobe	r 15,	1882	igst birthdoy) yrs	Months Doys	Hours	Min
	10a	USUAL OCCUPATION during most of working	(Give kind of work d life, even if relired)	one 10b KIND	OF BUSINESS OF	RINDUSTR	Y 11, BIR		or foreign col	intry)	12. CITIZEN	USA	OUNTRY?
	13.	FATHER'S NAME			Dome		14. MOTH						
		.1	ames Linte	om					a Nusz				
\	15	WAS DECEASED EVER IN			AL SECURITY NO	17, INFO	DRMANT			Addre	ess		
	{Ye	s, no, or unknown) (If y	es, give war or dates of se		10-9301	Mrs.	Pear	el E. L	inton-S	ame as I	tem #2		
		18 CAUSE OF DEATH		se per line for	(o), (b), and (c)]	2				- 1	IN	TERVAL BE	TWEEN
		PART I DEATH	WAS CAUSED BY MEDIATE CAUSE (a)	O GLUL	L. 25	20.	1216	6-1		1 60	. Tuck	ISET AIRD	DCAIN
		1000	DUE TO	127 6	1. 4224	ζ, .	19 20	26. 22	waren	4.262			
		Conditions, if ony, which) to fer it I les one to in models											
	gove rise to immediate couse (a), stating the under DUE TO												
	lying couse lost. (1) Alter Planner												
200	CERTIFICATION	PART II OTHER	SIGNIFICANT CONE	DITIONS CO <u>NT</u>	RIBUTING TO DEA	TH BUT NO	OT RELATE	D TO THE TERM	AINAL DISEASE	CONDIT ON G VI	EN IN PART I(o)	PERFO	AUTOPSY DPMED?
	CERTIFI	200 ACCIDENT WAS LOR CONTRIBUTING THE	UNDERLYING [] CAUSE OF DEATH DICAL EXAMINER	20b DESCRIBE	HOW INJURY OF	CCURRED.	Enter notu	ere of injury in	Port I or Port	II of stem 18.)			
		20c TIME OF INJURY		r 20d. INJURY	OCCURRED	20e PLAC	E OF INJU	RY (Home, for	m, 120f, (City:	or town)	(County	1	(Stote)
	MEDICAL	Hour o.m.	19	While	Not while of work	focto	ry, street, e	office bidg , etc.	c.)	·	,		, ,
	•		D. falsis francisco			()	L Dec	17 10	1.0.	11 -1	20/		
		21 I certify that (4.4	a IV	f .	* *	1	1, 2, 19	7	/ /	19601		
		220 SIGNATURE	I drive dri	4-X	19 <u>6</u> , and	rnar aec	#n accu	rrea ar 11	_ MI, fram t	he causes and	d an the dat		b DATE
		1/1/2	1,5,7	when		M I	ATTEN PHYS		AED PRECTOR	STAFF PHYS	MAV	7	SIGNED
		22c PHYSICIAN'S	1	6	./	,,,,		DDRESS (//	(7	1/ 40	15 8	THE	10
		NAME (Type)	:536	SF	1+61			FYEC	100	C K	in d	111	-
	23a	BURIAL, CREMATION,	23b. DATE THEREO	F 23c	NAME OF CEME	TERY OR C	REMATOR	Y	23d LOCATI	ON (City, town, o	r county)	(Stot	(e)
		REMOVAL (Specify)	May 5,196	60 F	rederick	Memo	rial	Park		rederick			rland
	24.	FUNERAL DIRECTOR'S S			ADDRESS	J-0-14			D BY REGISTR		TRAR'S SIGNATE		
		M. R. Etchi	son & Son	Frede	rick. Mar	rylan	d	DATMA'	Y 6 '60	Cath	un & three	A	



FOR STA MEALTH DEPT necessory, places I director. Page Poge your files.

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AMPIER: This certificate should be executed within 24 hours after death. If any dewring the ward "pending" in permit in flem 18. Give Roger 1, 2, and 3 to the 10 the Chief Medical Examiner's Office olong with farm PM3. Page 5 may be reserved to burial-tronsit permit. File pages 1 and 2 with the 5, prior to barrial, cremotion, or removal.

T. PLANE BY BULLEY

Trader NAME OF

10o. USUAL OCCUPA during most of wor 13. FATHER'S NAME

5. SEY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1575) 5779 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	3
o. COUNTY THE SECOND AND STATES O. STATES O. STATES O. STATES D. COUNTY D. COUNTY	mission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to and give nearest town)	own)
	RESIDENCE N A FARM?
	1960 1960
male Whate WIDOWED DIVORCED Dec. 24, 1941 18 yrs. Months Days Hours	DER 24 HRS Min.
o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF WHA Class. 13. 11. 11. 11. 11. 11. 11. 11. 11. 11	COUNTRY?
Terris NAME 14. MOTHER'S MAIDEN NAME PLANTE Plante Plantz	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 19. no. of unknown) [19 year, give wor of delet of terricol 213-42-1819] Williams & Legisland Marine 100.	7.
PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Traditions If any which	VEEN EATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying (b) to free lost.	-

NO [

(State)

18 CAUSE OF DI PART I. DI Conditions, if gove rise to imp (a), stoting the couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19, WAS AUTOPSY PERFORMED?

CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY To CONTRIBUTING TO CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of item 18 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year (County) factory, street, office bldg., etc.) White Not while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection 7, Inquiry |

and in my opinion death resulted from: Natural causes ... Accident XI. Suicide . Homicide . Undetermined manner

ACTUAL DATE THE IDEA CHIEF MEDICAL EXAMINER SIGNATURE. ASSISTANT MEDICAL EXAMINER

EXAMINER'S DEPUTY MEDICAL EXAMINER DE NAME (Type) (Stote)

220. SURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, of county) Buria: Mt. Olivet

240 REC'D BY REGISTRAR 24b. REG STRAYS SIGNATURE LINE 2. Thank 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Damascus. Md DATE

OF. 4 sh VS. A15ME 5M 2/57

designated agent, shop you forwarded in FUNERAL DIRECTOR:

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VS A1S (4) 15M 9/58

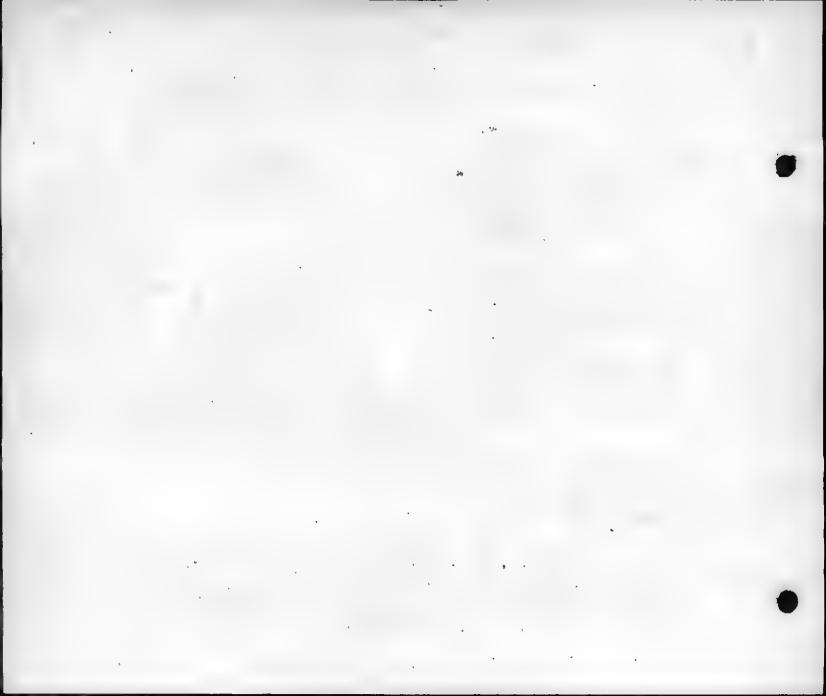
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 5805

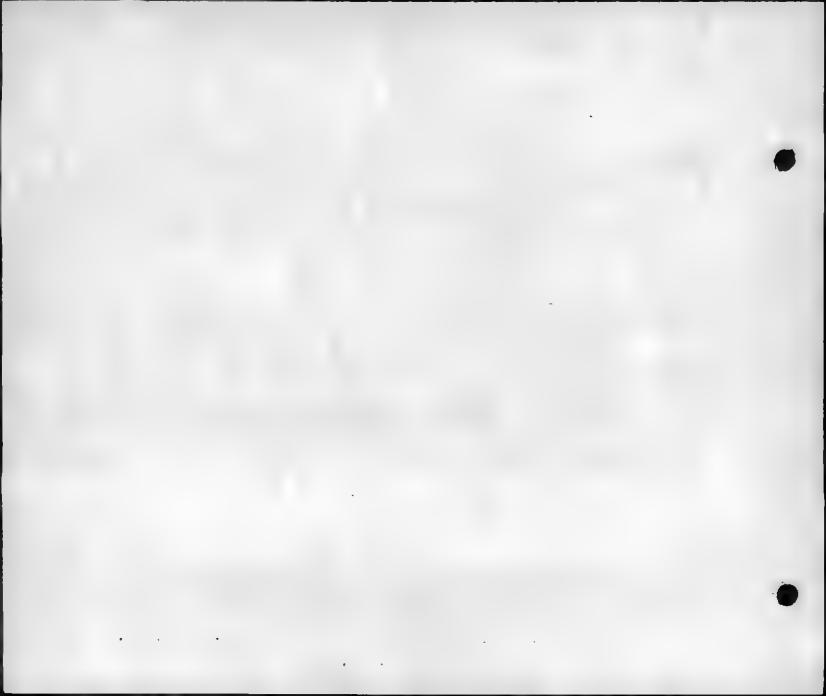
Reg. Dist. No.

05754

1	PLACE OF DEATH a COUNTY		MARY		USUAL RESIDENCE (W	there decease	d lived. If instituti b. COUNTY	-	nce before		
\vdash		f outside corporate limits, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orate limits, write R	URAL and	give nee	est town	1)
1	RURA, and give no		25 vea	rs X	Middleto	own					
	d. NAME OF HOSPIT OR INSTITUTION	AL (if not in haspital, give stre	et address)	1	d. STREET ADDRESS				•	IS RES	IDENCE FARM?
3.	NAME OF	First	Middle		tost	4. DATE	Mar	ıth	Day	,	Year
	(Type or print)	Henry	Alle	n	Magaha	DEATH	5			5 .	1960
5.	SEX		ARRIED A NEVER MARRI	ED 6 D	ATE OF BIRTH		9 AGE (In years last birthday)	IF UNDE Months	RIYEAR		
n	lale	white woo	WED DIVORCE	□	1/28/189	0	69 угз.	MORINS	Days	Hours	Min
10	during most of warl	ON (Give kind of work dane 16 king life, even if refired)	b. KIND OF BUSINESS C	R INDUSTRY	,		ountry)	12 C!			OUNTRY?
	ailway t		railroa	ıd	Marylan	d			U.	.S/	
	FATHER'S NAME			1	4. MOTHER'S MAIDEN						
1	Allen	R. Magaha			Sarah	Floo	k				
15		R IN U. S ARMED FORCES?	16 SOCIAL SECURITY NO 214-10-593	EII	rmant Sworth Ma	gaha,	Middie	fown	, 110	1.	
	18 CAUSE OF DEA	ATH [Enter only one couse per	hne for (a), (b), and (c).]						RVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(Eron	nan	OCE	lus	ucon		De	Ale	Lew
	420	DUE TO									
	Conditions, if o			U			call 3-				
	gave rise to i cause (a), stating	mmediate DUETO	1/	,	11. 1	1.	andie Va	Scular			
	lying cause lost.	(c) (l	Herio-Sci	eros	es & Alyk	resteus	we de	Leas	2		
S.	PART II OTE	HER'S GNIFICANT CONDITION	IS CONTRIBUTING TO DE	ON TUB HTA	T RELATED TO THE PERA	AINAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(a) 15	PERFO	AUTOPSY RMED?
IA I										YES 🔲	NO 🗗
CERTIFICATION	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 206 D 	ESCRIBE HOW INJURY O	CCURRED. (E	inter noture of injury in	Port For Pai	rt II of item 18]				
MEDICAL	20c TIME OF INJUR Hour a.m. p. m.	Wh	I. INJURY OCCURRED ile Not while vark at wark		OF INJURY (Home, far , street, office bldg., et		y or fown)		(Caunty)		(Stote)
	21. I certify th	at I attended the dece	ased from	n	1958, 1077	ran 2	1960	that L1	ast saw	the d	leceased
	alive an	May 1 15	7	death ac	curred at 3 A	-//					
		K	/ /				itreet, city or town				E SIGNED
	ACTUAL SIGNATURE	Sem	er Harb	.M.D	-m	115	atour		5	-3	-60
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ange. He has			_		
	PHYSICIAN'S D	r. J. Elmer	Harp		Mlo	dleto	own, Iid.				
22	BURIAL CREMAT C REMOYA (Specify)	5/4/1960	Zzc NAME OF CEM Reformed				TION (CIP, NOWN, ddletown		Md.	(Stol	e)
23.	FUNERAL DIRECTOR		ADDRESS		24a. REC	'D BY REGIS	TRAR 24b. REGI	STRAR'S S	IGNATUR	Е	
L	Gladhill	Company, Mi	ddletown,	Md.	DATE	V 5 '6	o a	lug S.	Kraus		



1 🕉) ness	Et.	St St Film 26 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
62 6	7		577 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15755)
and and and	(-	Reg. Dist. No.
please t shou crem		1.	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND MARYLAND
age . urial,		t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest form)
36.0		L	Frankrick Mt arry 8713 06x-2
S S S S S S S S S S S S S S S S S S S	19	7	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Traderick memorial Hospi, d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES \(\sum NO \(\sum \)
ner yar,		-	NAME OF First Processed Last 4. DATE Month Day Year OF DEATH Maloney DEATH Many 5 1960
for for		5. 9	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IN your IFUNDER TYEAR IF UNDER 24 HRS.
# 5 g ±			Male WIDOWED DIVORCED DECT 11, 1916 43 yrs. Months Days Hours Min.
ded retai		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY or in graph of working fife, even if relied)
offer 2, or y be and		13	FATHER'S NAME
Es June			William Paul My longer & Branch
Poges oge 5 e poge			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
File)"	WW # 1 212-12-4522 ms Mm P malening or duties of services 212-12-4522 ms Mm P malening or Inthany \$ 3
P.M.3			18. CAUSE OF SEATH [Enter only one cause per line for (o), (b), and (c).]
Per Per			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Lineshed Chest ESTpunda
exe ith fa in fa	,		8 x d X DUE TO
4 10 to 10 t	*.		gove rise to immediate couse
pen alan buri			(o), stating the underlying DUE TO
Fige St		Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
nding 's Off	<i>₹</i> *.	CERTIFICATION	PERFORMED? YES NO.
pen per		RTIFI	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING
This imposed	1		CAUSE OF DEATH. Auto crossed highway, struck stones & overturned
NER: The ward ical Exa		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED., 20c. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour Lam. 5/5 1960 of work
AMII Medi Page			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that
writ writ hief OR:	*		death resulted from: Natural causes . Accident . Suicide ., Homicide ., Undetermined cause .
Sole Sole	*		DATE SIGNED
MED THING			SIGNATURE M.D. CHIEF MEDICAL EXAMINER
NERAL Imaval			EXAMINER'S BOUTHEMAS, MIL DEPUTY MEDICAL EXAMINER D
Coute forw FUI		220	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote)
5 0 5 5		20	Burial May 9 1066 Pine Grove Mt. Airy Md.
VS. A15ME(5) 5M 9/55		23.	ADDRESS Damascus, Md. Date MAY 10'60 Collin S. Kroma
2111 1/33			



MARYLAND STATE DEPARTMENT OF HEALTH

5774

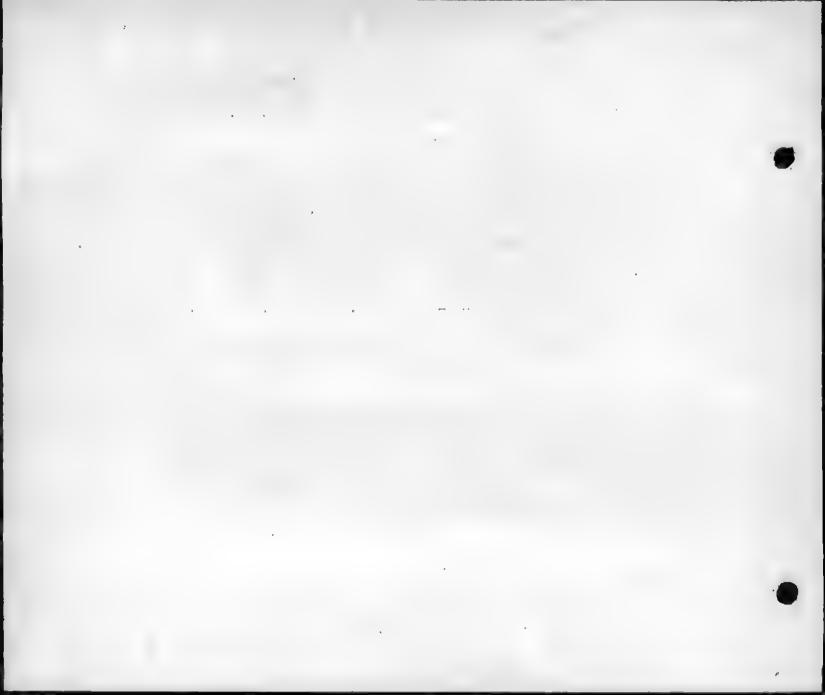
CERTIFICATE OF DEATH

05756

	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (W	here deceased lived	l. If institutio	n: Residence be	fore admiss	ion)
	Frederick	MARYLAND	Maryla	and	o. COUNT	Carro	11	je
-	 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside c orporate l	mits, write RL	JRAL and give n	eorest town	1)
	Frederick	1 day	Kevma	c. Md.		0	GX-	M
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et oddress)	d. STREET ADDRESS				e. IS RES	IDENCE FARM?
	Frederick Memorial	Hospital						NO 5
	NAME OF First	Middle	, Lost	4. DATE	Mont	h	Day	Year
	OECEASED (Type or print) Charles	u.	Mehring	OF DEATH /	May	7	-	1960
5 5	SEX 6 COLOR OR RACE 7 MA	RRIED TO NEVER MARRIED	B DATE OF BIRTH		SE (In yylors it birthday)	Months Days		Min.
	Male White wipor	WED DIVORCED	Dec. 24, 1898	3	61 yrs		110013	7741174
I Oa	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN	OF WHAT C	OUNTRY?
	Farmer & Truck Operator	Own Farm	Marv	land		U.S	.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN					
	Upton F. Mehring		Emma M.	Smith				
	WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. I	NFORMANT	No. Made VII	Addn	ess		
}"	s. no, or unknown) (If yes, give war or dotes of service)	218-32-4850	irs. Charles I	I Mohada	a Kon	mar. Md		
=	18. CAUSE OF DEATH Enter only one couse per		()	TA MEILL III	K. IVE A		TERVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:	+-1	#	/ .		0	NSET AND	DEATH
	IMMEDIATE CAUSE (6)	tul Corone	my knon	1-2-2-			7	11-
	DUE TO	t- 1.	7. //	T-1.			,	/-
	Canditions, if ony, which (b) (b)	16-202265	The free	~ (> C2	بري <u> و سالا</u> سيد	-	3 year	2 T
	cause (a), stating the under-							
7	lying couse lost. (c)				10171-11011	Th. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 14/45	AL TORCY
OF.	PART II OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	INAL DISEASE COL	NUITON GIVE	EN IN PAKI I(0)	PERFC	RMED?
ICA.							YES .	NO 🔀
CERTIFICATION	200 ACCIDENT WAS UNDERLYING [] 20b DI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in	Part f or Part II of	item IB }			
MEDICAL			ACE OF INJURY (Home, fari	n, 20f. (City or to	wn)	(Count	ly)	(Stote)
WED	Hour a.m. Whi	le Not while To	ctory, street, office bldg., et	·/ [
	21 I certify that (1) (this haspital) atte	adad the decement from	Mass b 10	60, 10 ma	7	1060	Marie (1) (
)		W.		Λ			
	saw the deceased alive an 220. SIGNATURE	and that	deals accurred at 21	M, fram the	causes an	d an the da		b.DATE
	Jenn V. C	Chare_	M.D. ATTENDING	ST. ST.	AFF IYS		5/8	SIGNED */60
	22c PHYSICIAN'S NAME [Type] //	^ i	22d. ADDRESS		-			
	Henry V. (hase	4 E. Chu	orch St	- Fre	deril	CK.1	171
230	BURIAL CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION	(City, town, c	er county)	(Ştai	te)
	REMOVAL (Specify) Burial May 10, 1960	Haugh's Ceme	terv	Ladies	hura	Marylan	d	
24,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR		TRAR'S SIGNAT		
	C.O. Fuss & Son. Tane	vtown. Maryland	DATE N	AY 1 0 '60	a	ilmy & K	init	
	U.U.FUSS W SOT. TAME	VENDER NEW PROPERTY	1 100					

TO HOST DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Frys after death. Page 4 may be ed by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buria-franst permit. Then please remave carbon papers. Pages 1 and 2 should be fled with the State lloand of Health prior to burial, cremation, at remark, and in liny event, within 72 hours after death VR A1S (4) 1SM 9/59



19 / that I lost sow the deceased

DATE SIGNED

(State)

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) n. COUNTY a. STATE **b** COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town)
Frederick l dav Rural-Frederick d. NAME OF HOSPITAL (If not in haspila, give street address) d STREET ADDRESS ii. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Route YES NO. NAME OF Middle last 4. DATE Year Month Day DECEASED Moffett DEATH (Type or print) Jack Mav 19 60 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 10st birthday) 35 yrs Months Days Haurs Male White July 25-1921 WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Research Chemist Lime Company West Virginia U-S-A-13. FATHER'S NAME 14. MOTHER S MAIDEN NAME Francis R. Moffett-Sr. Mary C. Fox 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give wor or o Yes Mrs. Jack Moffett- Rt. 6- Frederick- Md. 18. CAUSE OF DEATH [Enter only one cause per_line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) Manth. Day, 20d INJURY OCCURRED (Caunty) (State) factory, street, affice b dg , etc) à While Not while at work at work 21. I certify that I attended the deceased from And it is

Filled 22 pletel CONT dod pup FDC carl 1 physicio mave offending 효 the t ò permit. te has been signed burial-transit permi physician attending cent ficate Б U.S. \$his ģ ور مر det ta ď O FUNERAL 10

director,

death funerol

pe

certificate

filed

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haspital After thus OR ATTEND

VS A15 (4) 1SM 9/58

Buria 23. FUNERAL DIRECTOR'S SIGNATURE
Dailey's Funeral Home-Daileys

22b DATE THEREOF

Thomas.

alive on

PHYSICIAN'S NAME (Type)

BUR AL CREMATION.

REMOVAL (Specify)

ACTUAL SIGNATURE

> 22c. NAME OF CEMETERY OR CREMATORY West Milford Cemetery

Frederick- Maryland

22d. LOCATION (City, town, or county) West Milford-West Virginia

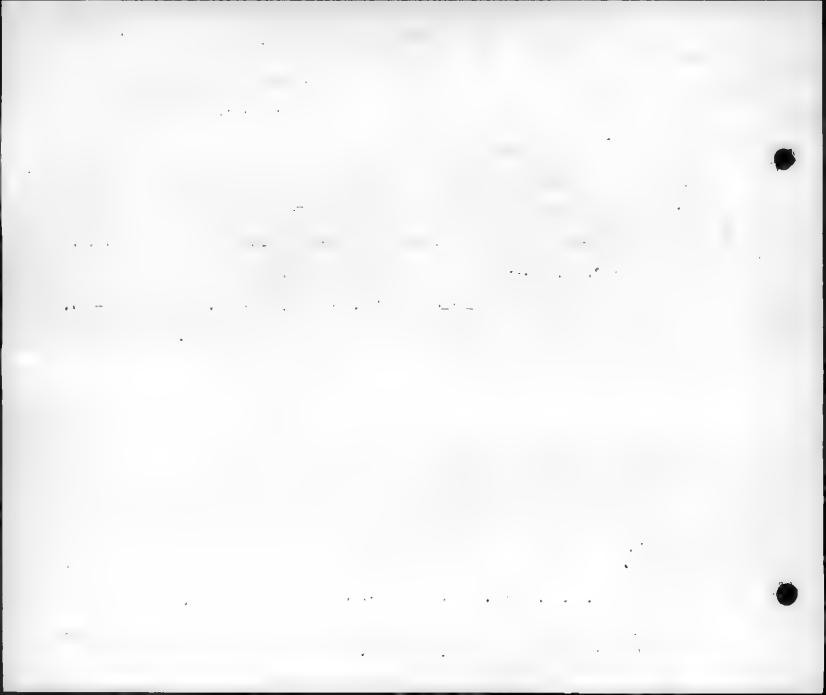
ADDRESS (Street, city or town, state)

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 1 7 '60 arthur & Hears

111 au18

and that death occurred at 145/1. M. from the couses and on the date stated above.

C, to



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

05750

	0110		CERTITION	VIL OI DE	7111			(10)	00	
1 PLACE OF DEATH 0. COUNTY	Jami ala		MARYLAND	2. USUAL RESIDEN			f institution COUNTY			
	Terick (If outside corporate limit	c write	c. LENGTH OF STAY IN 1b		yland	enmanata limit	unita DIID:	Frede		
Frederic	neorest town)	s, WIIIG	13 weeks	c. city or too	erick	corporore limit	s, write KOK	AL ONG GIVE HE	arest lowing	
d NAME OF HOS OR INSTITUTION Frederic				1 d. STREET ADD		rick S	t.		ON A FAR	(M2
3 NAME OF	Firs		Middle	Last Last	4. D.		Month	D-	y Year	
DECEASED (Type or print)	RUT		G.	MAILL	E 0	EATH	May	/ Do	7 194	۾ آھ
5 SEX	6 COLOR OR RACE	7 MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE		UNDER 1 YEAR	+	-
female	111111111111111111111111111111111111111	WIDOWE		4/8/19:	22	38	ZINGOY) W	fonths Days		Visn
10a USUAL OCCUPA' during most of w	TION (Give kind of work d arking life, even if retired)	one 10b, 1	CIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLAC	E (State or fore	agn country)		12 CITIZEN O	F WHAT COUN	UTRY
bird ke		_	ird breedin	g Mar	vland			U.S.		
13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME					
Daniel	A. Gaylor			Bertl	ha Kna	dler				
15 WAS DECEASED E	VER IN U.S. ARMED FORCE			NFORMANT iss Ruth	E. Na	ille,	Address 469	Freder W. Pat		St
Conditions, if gove rise to cause (a), statin lying cause los	immediate DUE TO		ONTRIBLTING TO DEATH BL	T NOT RELATED TO TH	HE TERMINAL D	ISEASE CONDI	TION GIVEN	N PART 1(0)	19 WAS ALTO PERFORME YES NO	D7
OR CONTR BUT N	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of in	njury in Port I	or Port II of ite	m 1B)		100 110	
Y 20c TIME OF INJ Hour o. m	10	r 20d IN While of work	Not while F	LACE OF INJURY (Hor actory, street, office bl		(City or town)		(County)	(Stote
sow the dece 220 SIGNATURE	hat ((1))(this haspital) cased alive an 5	attenda 4	ed the deceased from19 60 and that	death occurred o	at 152/-M, f	ta 5,			22b DA	
22c PHYS CIAN'S NAME (Type	S	ard	C. Reynolds	PHYS. 22d. ADDRESS Frede.		PHYS	U		3//0//	
230 BUR A. CREMAT	10N 236 DATE THEREO	f 60	23c NAME OF CEMETERY		tery,	Frede:		CO. 1	(Stote)	
24 FUNERAL DIRECTO	77		ADDRESS		So. REC'D BY F			AR'S SIGNATU	IRE	
Gladhill		liidd	letown, Md.		ATE MAY 1			in S. the		

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 years outer upon in the hospital at otherwing physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fired-with the State Board of Health priar to burial, cremation, or remaval, and in ony event, with in 72 haurs after death.

VR A15 (4) 15M 9/59



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U	6	đ.	4

CERTIFICATE OF DEATH

05759

				VeA. DISIT 140	*		
1. PLACE OF DEATH 5. COUNTY Frederick	MARYLAND	- STATE	ve deceased lived If institution b. COUNTY				
b CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	Iside carporate limits, write R	URAL and give ne	arest lown)		
RURAL and give nearest town) Frederick	28 Years	// Frederick					
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 11 East Second Street		d STREET ADDRESS	Second Street		ON A FARM? YES NO 1		
3. NAME OF First	Middle	lost	4. DATE Mon	th Do	Year Year		
(Type or print) JOSEPH	JOHN	NESTOR	4. DATE Mon OF DEATH Ma	y 1	1, 19 60		
5. SEX 6. COLOR OR RACE 7. MARI		April 7, 189	9. AGE (In years last birthday) 9. yrs.	Months Days	Haurs Min.		
100 USUAL OCCUPATION (Give kind of work done 10b.				12. CITIZEN C	OF WHAT COUNTRY?		
	Manager	Penna.		USA			
13 FATHER'S NAME		14. MOTHER'S MAIDEN N.					
John T. Nester		Bri	gid Lynch				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no or unknown) [15] Yes, pare wor or dates of service) [16] Yes, pare wor or dates of service) [17] THE STATES OF SERVICES OF SERVIC		Cecelia M.	Nestor- Same		#2		
18. CAUSE OF DEATH [Enter only one cause per le	ne, for (a), (b) and (c).]				ERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	I mile go is	1, 1216		ON:	SET AND DEATH		
16 2 . 1 DUE TO					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Canditions, if any, which) (b)							
gave rise to immediate couse (a), stating the under-							
lying cause lost. (c)							
PAM II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN		EN IN PART 1(a)	PERFORMED?		
200. ACCIDENT WAS UNDERLYING 20b DES	CRIBE HOW INJURY OCCURRED				ita Li ita Li		
OR CONTRIBUTING CAUSE OF DEATH							
3 20c. TIME OF INJURY Manth, Day, Year 20d I	NJURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f. (City or town)	(Caunly)	(State)		
20c. TIME OF INJURY Month, Day, Year 20d I Haur a.m. 19 at wo	Nat while focts	ary, street, affice bldg , etc.)					
21. I certify that I attended the decease		10 59 +-	5 1/3 19.42	Abot I fort o	the deeper		
	lea mani,	6.004	and the second tracks	_,rnor i losi si	ow the decedsed		
alive an	CLL, and that death	accourse of Associati	.g.m., rram rne causes a NDDRESS (Street, city ar town,	ing on the ga	DATE SIGNED		
ACTUAL (1)	1 . 11.				5/16/1960		
SIGNATURE Y COME SEL	decepted), N	D. Dago ond o	11 001000		2/1-2/-/		
PHYSICIAN'S R. C. Reynold	ds, M.D.	Frederick,	Maryland				
220. BURIAL, CREMATION, 27b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d LOCATION (City, town,	or county)	(State)		
Burial (Specify) May 17,1960	Arlington Nat	lonal Cemeter	y Fort Myer	9	Virginia		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	STRAR'S SIGNATU	RE		
M. R. Etchison & Son, Fre	ederick, Marylan	nd DATE	1.8'60	1 9 #			

may to pined by the haspital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

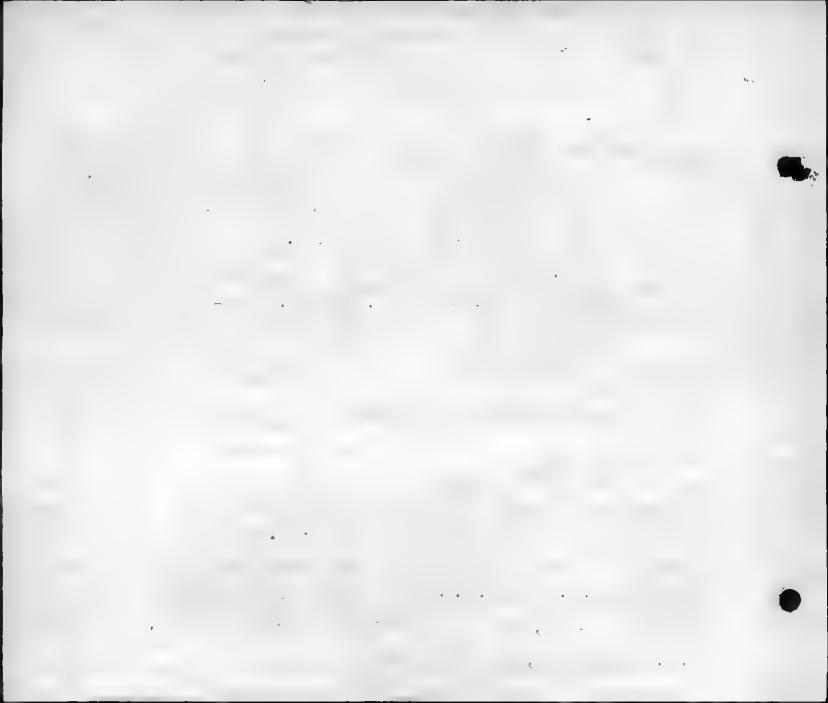
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

urs after death. Page 4

M

TO FUNDA VS A15 (4) 15M 9/55

TO HOSPIZAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 5779 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution: Residence before admission a. COUNTY o. STATE **b** COUNTY MARYLAND Fraderick Mary Land Frederick b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Frederick Unknown Rural Liamsville d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS is residence Frederick Memorial Hospital ON A FARM? YES NO NAME OF Middle Lock 4. DATE Manth Day Year DECEASED Charles (Type or print) Oates DEATH Rav May 3. 1960 19 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH Manths Days Haurs DIVORCED [7] WIDOWED T 18. October. 1895 18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Farming <u>Farming</u> Winchester, Virginia U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Robert Oates Emma S. Nelson IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mr. Roger U. Delauter (Nephew) Ijamsville, Md. No None IB. CAUSE OF DEATH [Enter only one couse per line} for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 12 morths **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last

200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town)

DICAL 20c TIME OF INJURY a. m

220 BURIAL CREMATION.

REMOVAL (Specify) Buria

While Not while at work at wark

Mt. Olivet Cometery

factory, street, affice bldg., etc.)

(County)

194 (that I last saw the deceased

(State)

(State)

PERFORMED? YES NO TO

and that death accurred at 11-9/11M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE

NAME (Type) Dr. Richard C. Revnolds

22b. DATE THEREOF

21. I certify that I attended the deceased from

M.D. 9 East Church Street Frederick, Md. 22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

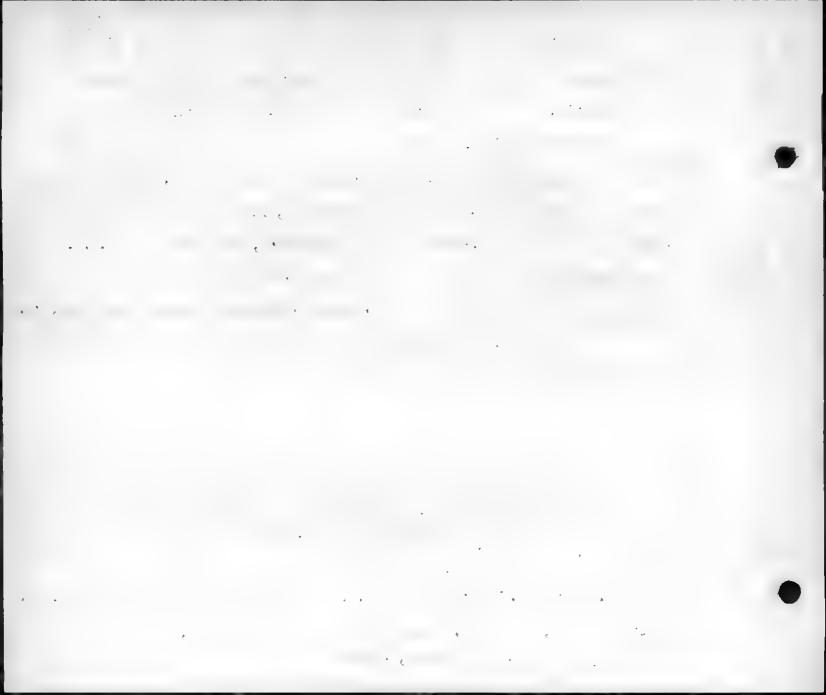
Frederick, Maryland 246 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNAPURE **ADDRESS** Frederick, Maryland

DATE MAY 6

arthur S. Krous

VS A1S (4) 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE JEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission hrector. Page or your files. and of Health, o. COUNTY Frederick o. STATE Marvland b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate I mile, with RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) Frederick Frederick .. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 121 Ice S, reet Frederick Memorial Hospital NAME OF Middle 4. DATE DECEASED OF DEATH Lewis May Onley (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE th years Male WIDOWED [7] June 30-1892 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) Janitor Frederick Co. Me Frederick Co. Md. Sive Poller I farm PM3. File pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles E. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address along with 1 sit permit. It and in any Lincoln Apts. MO Robert Onlev-0 None_ 15. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (a) pending in pencil in Ite col Examiner's Office ab used as a burial-transit **DUE TO** Arteriosclerotic Heart Disease Canditions, if any, which gave rise to immediate cause **DUE TO** (a), slating the underlying cause fast. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY Portal Cirrhosis of Liver: Severe electrolyte imbalance 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item (#) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) factory, street, affice bldg., etc.) at work at work 2). I certify that I tack charge of the remains described above, held an Autapsy 🔀, Inspection 🗍, Inquiry 🖟 rifficate, w rwarded 1 RECTOR: opinian death resulted from: Natural causes 🚼 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner **ACTUAL** M.D. CHIEF MEDICAL EXAMINER SIGNATURE B. O. Thomas. Sr. M. D. DEPUTY MEDICAL EXAMINER TO NAME (Type) shou its d 220. BUR AL CREMATION | 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or caunty) 40 Frederick, l'aryland

ADDRESS

Frederick. Maryland

Frederick

e IS RESIDEN ON A FARM?

YES 🗍 NO 🟋

Year

IF UNDER TYEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)

24b. REGISTRAR'S SIGNATURE

windows S. Through

24g, REC'D BY REGISTRAR

DATE MAY 2 6 '60

Haurs

Fred. IId.

Years

Years

PERFORMED?

DATE SIGNED

5.17.60

(51 ate)

NO [

(State)

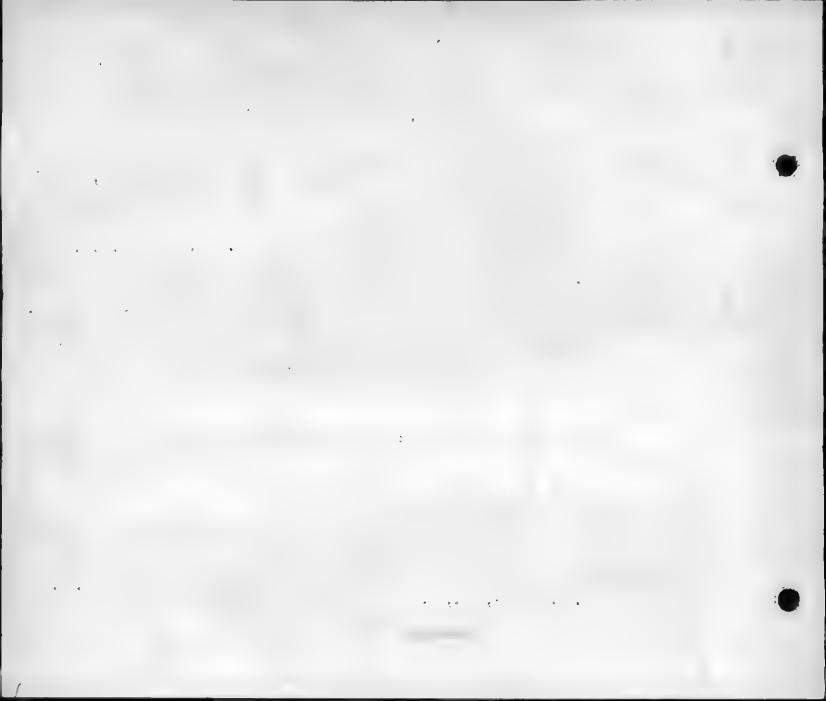
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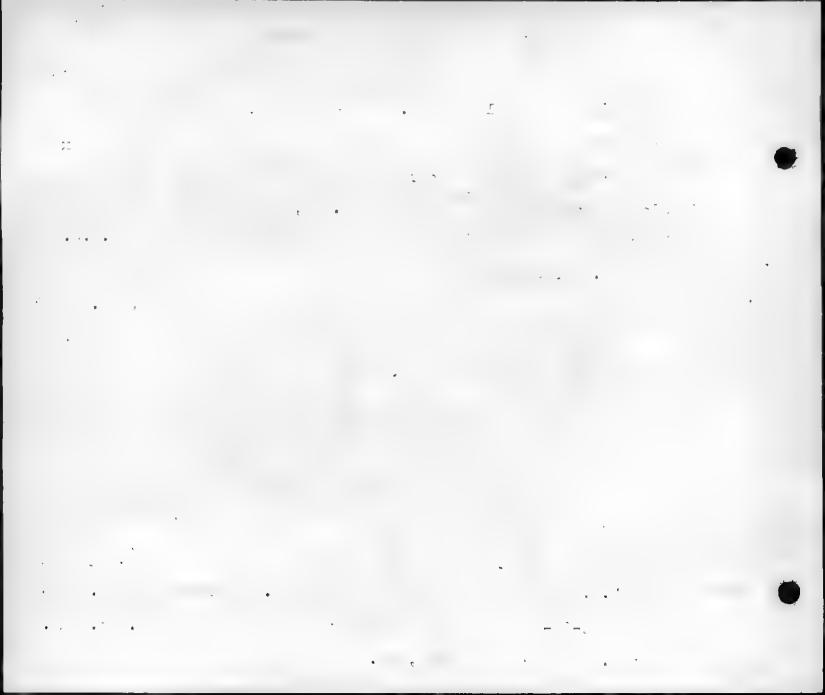
23 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOS

VS A15 (4) 15M 9/58

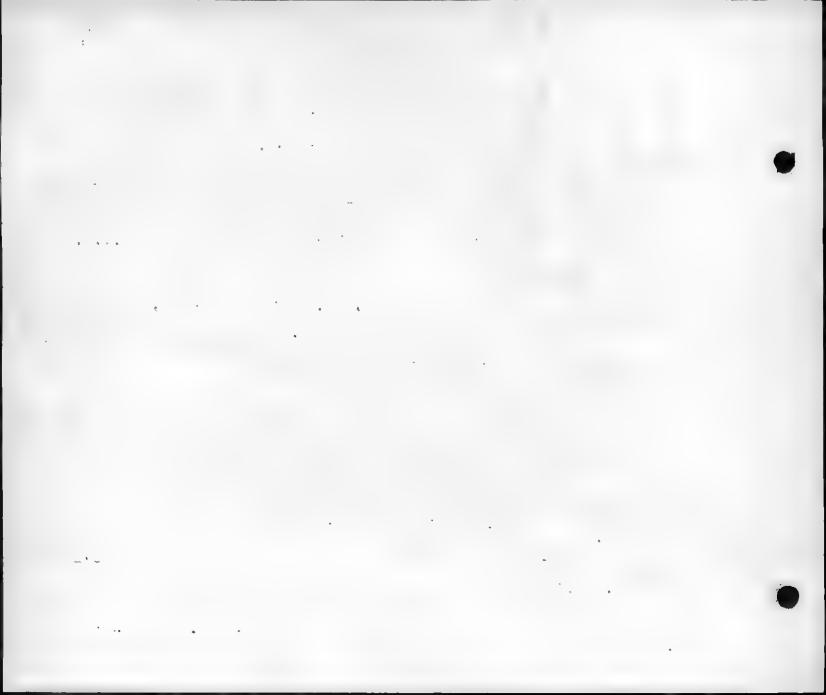
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5805 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

05764

								Keg. Dist. 14	0.	
PLACE OF DEATH			MARYLAND	o STATE	_	ere deceased	fived. if institute b. COUNTY	_		sion)
	rederick			MaryLar				Freder:		
B. CITY OR TOWN	(If outside corporate limits, learest town)	write c. LENGTH OF S	STAY IN 16	2 GLCITY OR 1	OWN (If or	itside corpor	ate limits, write R	URAL and give if	earest town	n)
	efferson	2 year	5	Bruns	swick					
OR INSTITUTION	TAL (If not in hospital, give	e street oddress)		d STREET A	DDRESS				e, ts RES	SIDENCE A FARM?
Glenme	rrie Nursi	ng Home		122	7th	Aver	nue		YES [NO 📴
NAME OF DECEASED	First	M	ıddle	Las	1	4. DATE	Mon	th	Day	Year
(Type or print)	Alice	Gertrude	Riser			OF DEATH	5	3		160
. SEX	6. COLOR OR RACE 7	MARRIED NEVER M.	-	B. DATE OF BIRT			9 AGE (In years	IF UNDER 1 YEA		ER 24 HRS
Female	White	VIDOWED DIVO	ORCED [5-3-18	369		los hirthdoy)	Months Days	Hours	Min.
Da USUAL OCCUPATI	ON (Give kind of work do	ne 10b. KIND OF BUSINE	SS OR INDU	STRY 11. BIRTHPL	ACE (Stole o	or foreign co	untry)	12 CITIZEN	OF WHAT	COUNTRY
House '	rking life, even if retired)	Home		Marr	yland			U.S	. A .	
3 FATHER'S NAME		210110		14. MOTHER'S						
	James We	e t				Т	Jnknown			
5. WAS DECEASED EV	ER IN U. S. ARMED FORCE		/ NO I	NFORMANT			Addi	ress.		
Yes, no dr unknown)	(If yes, give wor or dates of serv				71 ~~~	D 202			5 m d	
NO 18 CAUSE OF DE	ATH [Enter only one cous			r.R.R.H	(TSCI.	DIT	ınswick		TERVAL BE	
Conditions, if gove rise to couse (a), stating	the under-	actu	io	sele	20.	L'A			10	94
lying couse lost.	, 19-	TION OF CONTRIBUTION TO TO	DEATH DIF	ALOX DELATED TO	THE TERMS	AND SEACE	CONDITION C	Charles DART 11 3	10 14/40	ALLTORCY
PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBCTING TO	J DEATH BUT	NOT REDATED TO	THETERMI	AMI DISEASE	CONDITION GIV	CIN IN PARE 1(0)	PERFC YES [DRMED?
I OR CONTRIBUTING	AS UNDERLYING (1) 21 G (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	06. DESCRIBE HOW INJUI	RY OCCURRE	D. (Enter noture o	finjury in P	ort or Port	Il of item 18.)			
ZOc. TIME OF INJU Hour o. m.	RY Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work of work	fo	ACE OF INJURY (clory, street, office			or town)	(Count	у)	(Stole)
21. I certify to	hat I attended the c	1 /1 /1	that death	accurred at	to S	M, fram I	he causes an	that I last so		
	161	for soil	2		- / A	DDRESS (Str	reet, city or town,	stote)	DA1	te șignee
ACTUAL SIGNATURE	137	MARIS		M.D	Brun	swic	k, Maryl	and 5	-4-1	960
PHYSICIAN'S J	.G.F.Smith				Bru	mswi	ek, Mary	land		
20 BURIAL, CREMATIC		22c. NAME OF	CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)	(Stol	te)
REMOVAL (Specify	5-5-1960	Panl	Heis	rb+ a		Bruns	swick, M	arvlan	d	
3. FUNDERAL DIRECTO		ADDRESS	11016	,1168	240. REC'E	BY REGISTI		STRAR'S SIGNAT		
13. 411 4	elto Br	unswick, Ma	rylar	ıd	DATELAY	9 '60		04		
17114 /2	- Branch - B				MAY	A .00		ug & the	4	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH EMOA

05765

DECEASED (Type or print) MRS. MRS. MAS NAS NAS	
BURL and give nearest town) FREDERICK MA d. NAME OF 1058TAL (If not in hospital, give street oddress) of INSTITUTION FREDERICK MEA J. STREET ADDRESS J. A. DATE OF TITEL Manh DEATH Manh DEATH MANH J. DATE OF MANH J.	before admiss an)
A. NAME OF HOSPITAL (If not in hospital), give street address) A. STREET ADDRESS OR INSTITUTION A. ADATE DECEMBED Type or print) A. COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BRITH DEATH Middle DEATH DEATH DEATH DEATH DOWNER	e nearest lawn)
J. NAME OF FIGSPIAL (If not in hospital, give street oddress) S. SEX S. COLOR OR RACE (7) MRS. MBY S. SEX 6. COLOR OR RACE (7) MARRIED NEVER MARRIED BLOATE OF BEATH 100. USUAL OCCUPATION (Give land of work done) 101. USUAL OCCUPATION (Give land of work done) 102. USUAL OCCUPATION (Give land of work done) 103. WAS DECRASED EVER IN U. S. ARMED FORCES? 104. MOTHER'S NAME MR. AI FONSO MRB. ME ON SO JRAFE (D) 105. WAS DECRASED EVER IN U. S. ARMED FORCES? 107. MARRIED 17. INFORMANT NO. 108. WAS DECRASED EVER IN U. S. ARMED FORCES? 109. WAS DECRASED EVER IN U. S. ARMED FORCES? 101. WAS DECRASED EVER IN U. S. ARMED FORCES? 102. OCCUPATION (AND AND AND AND AND AND AND AND AND AND	
ANAME OF DECRASED THE Manth OF DECRASED (Type or print) S SEX First MARKED NEW NORTH OF DEATH S COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF SKITH OF DEATH 100. USUAL OCCUPATION (Give land of work done 105 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MORRISON 11. STATIBER'S NAME MR. A FON SO JRAPER 11. MOTHER'S MADEN NAME MR. A FON SO JRAPER 12. CHIZENO 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO. 18. CAUSE OF DEATH (Enter only one cause per line (or (o), (b), and (c).) PART I DEATH WAS CAUSE BY: OF DEATH OF DEATH NO. 12. CHIZENO 13. RETHER'S NAME 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO. 16. CAUSE OF DEATH (Enter only one cause per line (or (o), (b), and (c).) PART I DEATH WAS CAUSE BY: OF DEATH OR DEATH OF DEATH OR DEATH OF DEATH OR DEATH OR DEATH OF DEATH OR DEATH OF DEATH OR DEATH OF DEATH OR DEATH OR DEATH OR DEATH OF DEATH OR DEATH OF DEATH OR DEATH	e. IS RESIDENCE ON A FARM? YES NO 🔀
DECASE (Type or print) S SEX 6. COLOR OR RACE (7 MARRIED NEVER MARRIED B. DATE OF BORTH (Type or print) S SEX 6. COLOR OR RACE (7 MARRIED NEVER MARRIED B. DATE OF BORTH (Type or print) 10. JULIA (OCCUPATION (Give kind of work) 10. UNION (Give kind of work) 10. UNION (Give kind of work) 10. UNION (Give kind of work) 11. BIRTHPIACE (State or foreign country) 12. CITIZEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EVER IN U. S. ARMED PONCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line idr (c), (b), ond (c).) 19. PART I DEATH WAS CAUSE BY: 19. CONSISTENTIAL (C) 10. STATE OF SOLUTION (C). SOCIAL SECURITY NO 10. STATE OF SOLUTION (C). SOCIAL SECURITY NO 11. INFORMANT 12. CAUSE OF DEATH (Enter only one course per line idr (c), (b), ond (c).) 18. CAUSE OF DEATH (Enter only one course per line idr (c), (b), ond (c).) 19. PART I OTHER S'GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(c) 19. OR CONTRIBUTING CAUSE OF DEATH (IF CITINER, NOTHEY MEDICAL EXAMINER) 20. ACCIDENT WAS JNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of tricity in Port I or Part II of idem 18.) 19. OR CONTRIBUTION (C) (City or town) 20. TWO TWO OR CONTRIBUTION (C)	
Temple Win'Te WIDOWED DIVORCED 10 - 12 - 80 19 minday 10 months	19 1960
100. SUMA OCCUPATION (cine bind of work done of the Mind of work done) 11. BIRTHPIACE (State or foreign country) 12. CITIZENCE Retired 13. FATHER'S NAME MR. A FON SO J RAPER (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (rise, or pretingness) 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (c), (b), and (c). PART I DEATH WAS CAUSED BY: OUE TO Conditions, if ony, which gave rise to immediate course (c), storing the under: Lying course lost. OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF	FEAR IF UNDER 24 HRS Bys Havrs Min
HOLSO WEEDER 13 FATHER'S NAME MR. AI FONSO JERFER (D) 14. MOTHER'S MAIDEN NAME MR. AI FONSO JERFER (D) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Pres. Dec. provided and services) 197. 03-6152 II FREDERICK MEMORIAL HOSPITAL 18 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate (b) Que fise to immediate (cour (a), toling the under: lying cause last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (a) 20a ACCIDENT WAS INDERLYING (c) 20a TIME OF INJURY Month, Day, Year 19 While of ward of wa	N OF WHAT COUNTRY?
The angle of the part is a simple contribution of the part is of t	ISA
15. NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH (Enter anily one cause per line far (a), (b), and (c). PART I DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause (b), toting the under lying cause rise to immediate (couse (c), stoting the under lying cause last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONTRIBUTION COURSED While Not white Course of the Terminal Contribution of the Part II of them 18.) PART II OTHER SIGNIFICANT CONTRIBUTION COURSED While Not white Course of the Terminal Contribution of the Part II of them 18.) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED While Course of the Terminal Course of the Part II of them 18.) PART II OTHER SIGNIFICANT COURSED THE COURSE OF THE TERMINAL COURSE OF THE TERMINAL COURSE OF THE TERMINAL COURSE OF THE TERMINAL COURSE OF THE	
Ten no. or unknown [1] yes, give wor or dates of service 197-3-6152 D FREDERICK MEMORIAL HOSPITAL	
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Canditions, if any, which gave rise to immediate couse (c), stating the under-lying couse last. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT COURTED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a) Part II OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II (a) Pa	At burnette
DUE TO Some rise to immediate couse (a), stating the under:	1
gave rise to immediate couse (a), stating the under: lying cause last.	Title .
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS JNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Nat white at wark of wa	()
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED While Nat white of wark of twark	
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of wark and while of wark at wa	(a) 19. WAS AJTOPSY
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark	PERFORMED? YES NO
21 I certify that (I) (this haspital) bitended the deceased from 3 19 LD, to 5 LS 19 LD saw the deceased alive an 5 LA 19 LD and that death accurred at 35 M, from the causes and an the da 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, N.D. 22d ADDRESS 9, E. Church St. Frederick, 23a BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURLLAL Specify) BURLLAL Specify 19 LD 19	
saw the deceased alive an 19 and that death accurred at 4. M, from the causes and an the da 22a. SIGNATURE 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, N.D. 23d BUR AL, (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) BURLLAL (Specify) New 21 1960 Mt Olivet Cemetery Pennsylv	unty) (State)
sow the deceased alive an 19, and that death accurred at 4. M, from the causes and an the da 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, N.D. 23d ADDRESS PHYS PHYS PHYS 22d ADDRESS 9, E. Church St. Frederick, 23d BUR AL, (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) BURLLAL (Specify) BURLLAL (Specify) 190	Othat (I) (we) last
22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, N.D. 22d ADDRES Church St. Frederick, 23d BUR AL, CREMATION 23b DATE THEREOF REMOVAL (Specify) BURLLAL. 22c. NAME OF CEMETERY OR CREMATORY BURLLAL. 23d LOCATION (City, Idwn, or county) Lettleberry Pennsylv	
22c. PHYSICIAN'S NAME (Type) Righted C. Reynolds, N.D. 22d ADDRESS 9, E. Church St. Frederick, 23d BUR AL, CREMATION REMOVAL (Specify) BURIAL. 23d LOCATION (City, tawn, or county) Lendsberry Pennsylv	22b. DATE
PLAME (Type) Righterd C. Reynolds, N.D. 9, E. Church St. Frederick, 23d BUR AL, CREMATION REMOVAL (Specify) BURIAL. 23d DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY Lendsberry Pennsylv	SIGNED
BURIAL May 21 1960 Mt Olivet Cenetery Lewisberry Pennsylv	Md.
BURIAL May 21 1960 Mt Olivet Cemetery Leaderry Felinsylv	(State)
	vania.
DALLAND D A DATABASE STATE OF THE PARTY OF T	ATURE
1) FILLER - FREDERICK, Id. DATEMAY 23 '60 City & Ke	Gard

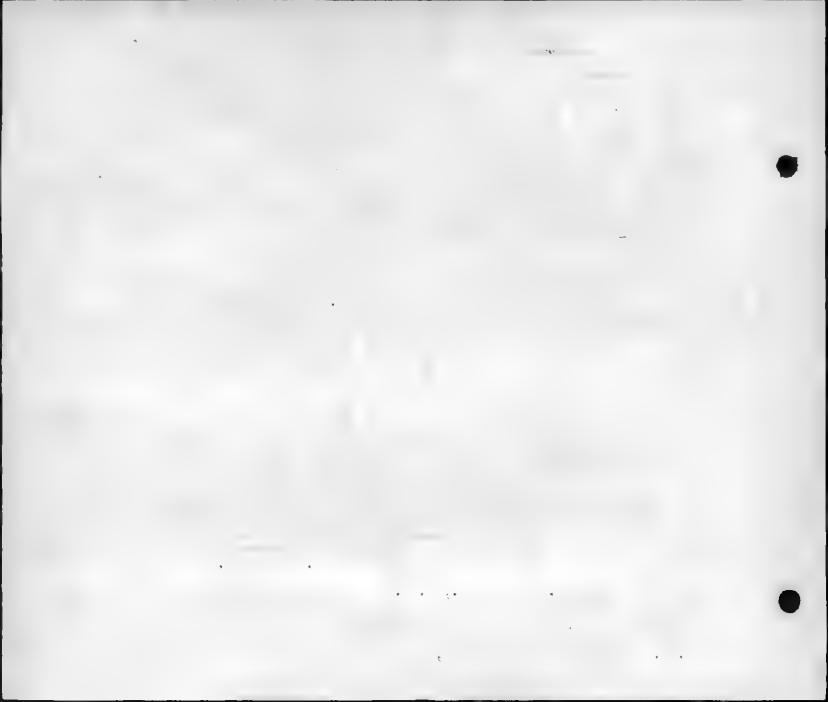
TO HOSP VR A15 (4) 1SM 9/59



w remulres that the death certificate be executed within 24 hours after death. Page 4

DI DUI LA DE LA CALLANTINO DE LA CALLANT	may be aired by the haspital or attending phys	TO FUNERAL DIRECTOR: After this certificate has b	page 3 should be detached for use as the burral-tr	the registrar prior to burial, cremation, or removal
200	may b	TO FUN	poge 3	the red
٧	54	A15	55)

		580	77	CEI	RTIFIC	ATE	OF D	EATH				Reg. Di	st. No.		
1,	PLACE OF DEATH a. COUNTY Fred	derick			MARYLAND	2 US	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE Maryland b. COUNTY Frederick							ssion}	
	b CITY OR TOWN (If RURAL and give ne	outside carparate limi	ts, write	e. LENGTH OF	STAY IN 16	c.	CITY OR TO	OWN (If ou	itside corpo	prole limit	s, write R	JRAL and	give nec	rest lov	vn)
	Frederick-	Rural RD#7	•	Life		X	XFrederick-Rural RD#7								
	Rocky Spri	AL (If not in hospitol, g	ave street	address)			Rooky Springe						ON	SIDENCE A FARM? NO.	
Э.	NAME OF DECEASED (Type or print)	ABBI			liddle RIE	SH	Lost LAFER	ATTRICATE OF THE PARTY OF THE P	4. DATE OF DEATH		Mon	m May	Do 1	y	Year 19 60
5.	Female	6 COLOR OR RACE White	7. MARR		NARRIED		e of BIRTH April)	9. AGE ((In years irthday) yrs	Months	Days	Hours	DER 24 HRS Min
10	during most of work	N (Give kind of work in his even if relired	dane 10b.	At Home		JSTRY 1		CE (State of	or foreign c	country)			TIZEN O	F WHA	T COUNTRY?
13	FATHER'S NAME					14	MOTHER'S								
	Samuel Fo	rney					Ada R	hoade	8						
15.	WAS DECEASED EVER	R IN U. S ARMED FOR	CES? 16.	None		INFORM BINGS	E. S	hafer	(San	ne as	ite				
	18. CAUSE OF DEA	TH [Enter only one co	use per la	ne for (a), (b), and	d (c).]		1	-#					INTI	ERVAL E	ETWEEN D DEATH
-	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, ('0	relina	200	rel	rali	301	Lon				7	ne	ild
	Conditions, if or		(luric	ull	ar	Fe	Ger	illa	tio	~		3	U	Ws.
	gave rise to in cause (a), stating t lying couse lost.	nmediate (lerio	-Sc	ler	ali	oh	as	X-0	li	d ,	4	44	231
CERTIFICATION	PART II. OTH	er significant con	DITIONS	ONTRIBUTING TO	O DEATH BU	TNOTR	ELATED TO	THE TERMIN	NAL DISEAS	E CONDI	TION GIV	EN IN PAR	RT 1(a) 1	PERF	AUTOPSY ORMED? NO [2]
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJU	IRY OCCURR	ED (Enla	er noture af	intury in P	ort I ar Par	ntliofiler	m 18.}				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED Not while at yeark	fe	LACE OF	F INJURY (H Ireet, affice	lome, farm, bldg., etc.)	20f (Cit	y ar tawn)		(County)		(Stote)
	21. I certify the	at lattended the	/		(hat geat	h occu	19 5 (M, from		auses o	nd on t		te sta	e deceased ted above
	ACTUAL SIGNATURE	carles A	-Ci	rely,	Str	, M D	228 N				or town,		Ц Ма		
	Itaviue (1) bel	arles H. C			6.6.		Frede								
22	BURAL, CREMATION	5-4-60)F	Mount (Fred			or county)	nd	(51	ole)
23	M. R. Etch	s signature Lison & Son	, Fre	ADDRESS ederick,	Maryl	and		24a. REC'D				STRAR'S SI			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5791

05767

- 1			V I U I					
Î		PLACE OF DEATH	rederick	MARYLAND	2 USUAL RESIDENCE (WHO OF STATE	_ b. C	OUNTY	before admission) erick
	1	b. CITY OR TOWN (IF ou	tside corporate limits, write	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF a			
		Frederic		2 Weeks	35 Brunswic	k		
1	4	OR INSTITUTION	If not in haspital, give stree		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
			morial Hosp	ital	24 Maryl	,	10	YES NO.
	- 1	NAME OF DECEASED [Type or print]	Pirst Orace	Gregory.	Siga Loose	4. DATE OF DEATH N		Day Year 1960
	5 5		COLOR OR RACE 7 MAI	RRIED NEVEL MARRIED	8 DATE OF BIRTH 3-12-1889	9 AGE (II lost bir		ear IF UNDER 24 HRS bys Hours Min
	-	USUAL OCCUPATION (during mast of warking Retired Ys	life, even if retired)	KIND OF BUSINESS OR INDU		_		OF WHAT COUNTRY?
ł		FATHER'S NAME	ci d Mars Cel.	B.&.O.R.R.Co	Marylan		U.	S.A.
			John S.Si	gafoose		Annie St	aub	
ľ	16		U S ARMED FORCES? 16		NFORMANT		Address	
	1	No No		M	rs.Mayde We	lty, Marti	nsburg, W	.Va.
			ediate (hranic Br	on chitis	elateral,	a storage	20 yr
	CATION	PART II OTHER		CONTR BUT NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND T	ION GIVEN IN PART I	a) 19 WAS ALTOPSY PERFORMED? YES NO NO
	CERTIFICATION	200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	SORIBE HOW INJURY OCCURRE	D. (Enter noture of Injury In	Port I or Port II of item	18)	
	MEDICAL	20c. T ME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d 19 Whil at we	e Nat while fo	ACE OF INJURY (Home, form clary, street, office bldg., etc.	n, 20F (City or town)	(Cou	nty) (State)
		21 I certify that (I saw the deceased		ded the deceased from: 91960, and that	May 16 , 19 death accurred at \$2	da.		, that (I) (we) last ate stated above.
		220 SIGNATURE	N. V. C	haze_	ATTENDING	ED STAFF		226 DATE 30/60
		22c PHYSICIAN'S NAME (Type)	ry V. Ch	ase	4 E. Chu	rch St	Freder	ick/4
	23a	BLR AL CREMATION	238 DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City	, lown, or county)	(Stote)
		Burial "	6-3-1960	Reformed		Knoxvil		and
	24	FUNERAL DIRECTOR'S M		wick, Maryland			b. REGISTRAR'S SIGNA Cuilma S. Ka	
	A.12		A STATE OF THE PARTY OF THE PAR	The second of th	I DATE			

may be led by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be the first prior to burial, cremation, or remayal, and in any event, within 72 haurs after death. TO HOSP

VR A15 (4) 15M 9/59

OR ATTENDINE ENYSICIAN: The law requires that the deoth certificate be mecuted within 24

prs after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH o. COUNTY Frederick Maryland Files. Health, MARYLAND b. CITY OR TOWN HE outside corporate Limits, write RURAL c. LENGTH OF STAY IN 16 r your Fird af H Frederick D.O.A. Woodsboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Frederick Memorial Hospital 3. NAME OF M'ddle Lost 4. DATE DECEASED Newton Smi th (Type or print) Alvey DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH 9. AGE In years Male White WIDOWED [DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or during most of working life, even if retired) age Frederick County, Machinist pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucy C. Orndorff George O. Smith form | File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
| MMEDIATE CAUSE (o) Acute Arterial Coronary Thrombosis DUE TO Arteriosclerosis Heart Disease Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying Old Posterior Coronary -healed couse lost. CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) CAUSE OF DEATH. 20d INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20f. (City or town) factory, street, office bldg , etc.) Not while at work at work opinion death resulted from: Natural causes . Accident . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Thomas. DEPUTY MEDICAL EXAMINER IC 5 220. BUR AL CREMATION 1226, DATE TH

2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give necrest town) e IS RE + DENCE ON A FARM? YES THE NO TO Month Yeor 31 60 19 IF UNDER TYEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19. WAS AUTOPSY PERFORMED? NO [(County) (State) 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry 1 and in my Suicide . Homicide . Undetermined monner DATE SIGNED 22d LOCATION (City, town, or county) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGN 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STATE

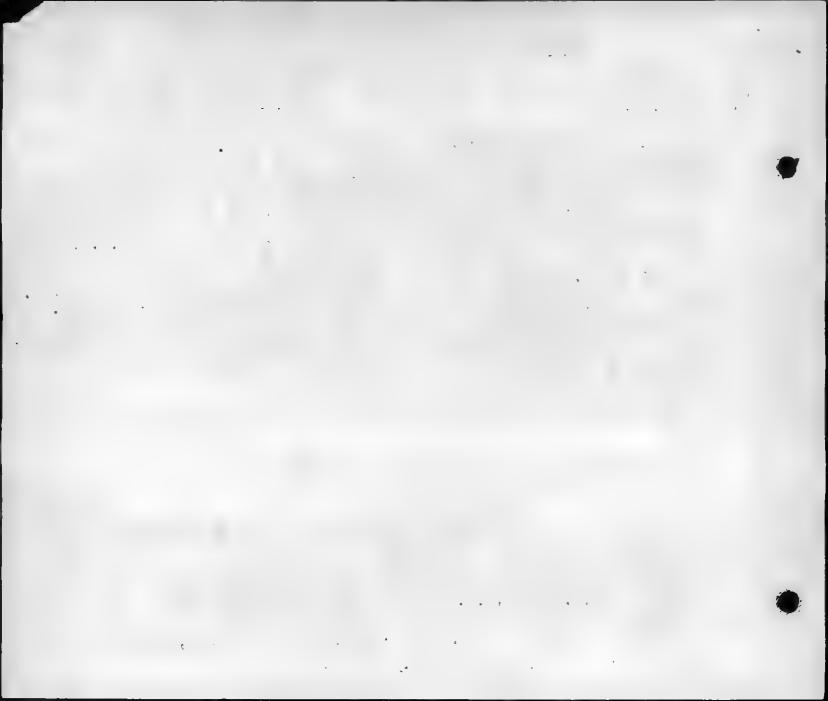
icy is necessary, please ral director. Page ed for your files. tate Board of Meolth,

TO DEPUT. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is executed the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the Total Ashour is forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be to recommend to the Chief Medical Examiner's Office along with form PM3. Page 5 may be to refuse the DIEETTEL PINGIN I hourd be used as a burial-transit mermit. File pages 1 and I with the State B ar its designated allent, prical to Evrial, cremation, or removal, and in my ment within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 578 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. (15771)

	PLACE OF DEATH			-		2. USUAL RESIDEN		d lived If institu	Hon: Residence L	pefore admission)
	Frede:	rick		MARY	LAND	o STATE Mar	yland	b. COUNT	Frede	rick
	ond give negretal foun)	uteide corporate limits, wr	He RUPAL	E LENGTH OF STAY I	N 1b	c. CITY OR TOW	N (If outside corp	orate limits, write	RURAL and give	nearest town)
	Frederic	k		Life		// Frede	rick			
-	NAME OF HOSP TA	E OR INSTITUTION	(If not in hos	ptal, give street address)	d. STREET ADDRI	55	-		e. IS RESIDENCE ON A FARM?
	rederick					205 Gro			Management of the second	YES NO 🔀
	NAME OF DECEASED		irst	Middle		Losi	4. DATE	Monti	h Do	
-	(Type or print)	Gord		Wilber		purrier	DEATH	May		1960
5.	Male	White	WIDOWED	D NEVER MARRIED		Feburary		P AGE [In years lest b ribdey]	Months Days	R IF UNDER 24 HFS
100								7.41	12 CITIZENI	OF WHAT COUNTRY?
F	during most of working	te broke	r 2	O years	1100311	Frede	rick	anny)		S.A.
13.	FATHER'S NAME					14 MOTHER'S MAID				
	Derse	y W.Spur	rier			Dora E	Ball			
15	WAS DECEASED EVE			SOCIAL SECURITY NO.	17. IN	FORMANT		Address	Frede	erick, Md.
	Yes	2 World	War		M	Irs Grace	Spurri	er 205	Grove	Blvd.
	18. CAUSE OF DEAT	H [Enter only one co	use per l'ne l	or (a), (b), and (c).]		Statistical and a second			Tin	TEPNAL BETWEEN
		H WAS CAUSED BY	, A	cute Coro	nar	y Thromb	osis			5 minute
	420.	DUE TO		·						
	Canditions, if on		1							
	gave rise to immedi (0), stating the v)							
	couse lost.	(c)							TABLETO FEFT AND A SECOND STATE OF THE SECOND
NO	PART II, OTHI	R SIGNIFICANT CO	VOITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE T	FRM NALDISEASE	CONDITION G V	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
13										YES A NO
CERTIFICATION	PRIMARY TO OF CON	SE WAS TRIBUTING []	POD DESCRIBE	HOW INJURY OCCUR	RED (Er	iter nature of injury in	n Part I or Part II o	f item 18)		·
			Too.	Table of the Table Table				· · -		
MEDICAL	Hour o.m.	f Manth Day, Yo	While	NJURY OCCURRED 20 Nat while rk at wark	facto	ry, street, affice bldg.	form, 120f. (City (or town)	(County)	(State)
	21 I certify the	at I took charg	e of the r	emains described	obov	re, held on Aut	opsy 🔼, In	spection 🔼,	Inquiry	, and in my
	opinion death r	esulted from:	Natural c	auses 🔼 . Accid	ent [], Svicide [, Homicide	, Undete	rmined moni	ner 🔲
		0 00	11							DAY CIOLIED
1	ACTUAL SIGNATURE	1200	207	nas		M D. CHIEF MEDIC	AL EXAMINER			DATE SIGNED
	EXAMINER'S	D 0 III.	70	-		ASSISTANT M	EDICAL EXAMINER			
	NAME (Type)	B.O.Tho					CAL EXAMINER 🔀	May	8,1960)
220	REMOVAL (Specify)			22c. NAME OF CEMETE			22d LOCATE	ON (City, town, i	er county)	(State)
22	Burial FUNERAL D RECTORS	May 11,	1960	Mt. Olivei	c_Ce	metery	Fred	erick M	lary land	LINE AND
23.	The American	A CAS	11/11/	Frederick	Ma	herry	4 15 1		Inthug S. 1	
1	for acidem	the fill	city f	/ LI GOOT LON	(BECK	TATERET DAT	E MAY 12'	00	inthur d. 71	VV



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5 200 CERTIFICATE OF DEATH

05771

000	7.7		Ke	g. Dist. No.
PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (Where o STATE Maryla	e deceased lived. If institutions is b. COUNTY	residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest lown) Frederick—Rural—R.D.	#6 30 Years		ide corporale limits, write RURAI ick – Rural 🛎 R	11.0
d. NAME OF HOSPITAL (if not in hospital, give or institution Jug Bridge	streel address)	/d. STREET ADDRESS Jug Br:	idge	e. IS PESIDENCE ON A FARM? YES NO T
3. NAME OF First OLENNA (Type or print) GLENNA	A MAY	STALEY 4	DATE Month May	15, Year 60
77 3	MARRIED NEVER MARRIED	December 14,1	- lost highday)	JNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE—WOLK	106 KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (Slove or Maryla)		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Charles E. Routz	zhan		Ida May Long	
15. WAS DECEASED EVER IN U. S. ARMED FORCES: [You no or unknown] [If you, give wor or dates of service		nformant r. John H. Stal	ley, SrSam	e as Item #2
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying couse last. (c)	Carcinome	0 0	roid	ONSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			N PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO L
206. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Tractice from 117000 Sections	p famel horse of highly in the		
Hour o.m.		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I oftended the de alive on 13 may. ACTUAL SIGNATURE	19 Q and that death	AD		on the dote stated above. DATE SIGNED 5/16/1960
PHYSICIAN'S Charles H. Con		Frederick,		
220. BURIAL CREMATION, REMOVAL (Specify) Burial May 18.196	22c. NAME OF CEMETERY O Mount Olivet		Frederick.	(Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	ADDRESS	24o REC'D I	Y REGISTRAR 246 REGISTRA	R'S SIGNATURE

beined by the haspital or attending physician.

ARKAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit.

3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with egistrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. may b

requires that the death certificate be executed within 24 hours after death. Page 4

ATTENDING PHYSICIAN: The low

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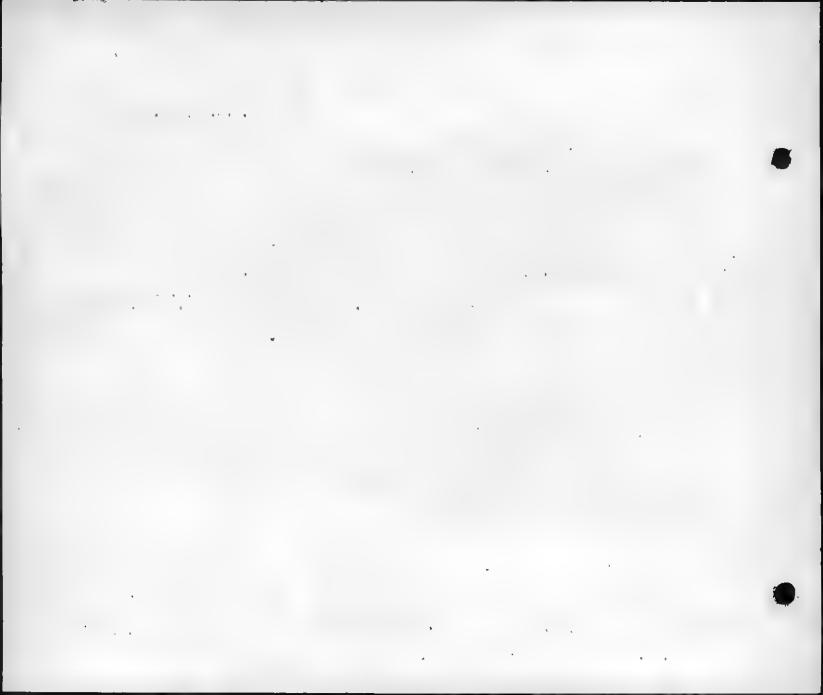


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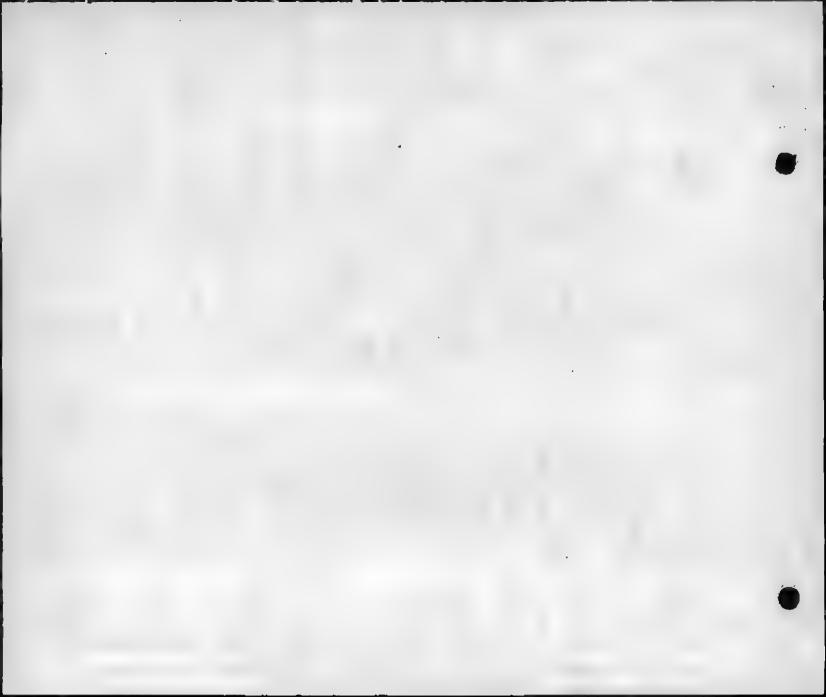
may be need by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete y filled in by the funeral director, page 3 shauld be detached for use as the buriol transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours after death. 24rs after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, TO HOSP VR A15 (4) 15M 9/59

0104	OEKIII IOA	IL OF BEATIT			
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE	ь. cc	DUNTY _	ce before admission) ederick
b. CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	rside corporate limits,		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Frederick Memorial Hos		d. STREET ADDRESS Near No	w Market		e IS RESIDENCE ON A FARM2. YES NO
3. NAME OF DECEASED (Type or print)	Middle MERCEL	STIVIAS	4. DATE OF DEATH	Month /	Day Year // 19 C c
5 SEX 6 COLOR OR RACE 7 MAR		B. DATE OF BIRTH	9 AGE (In fast birt	yeors IF UNDER Months yrs	1 YEAR F UNDER 24 HRS Doys Hours Min.
100. JSUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State o	r foreign country)	12 CITI	ZEN OF WHAT COUNTRY
	Painter	Marylan	d		USA
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME		
Charles I. Steven	8	Mary	J. Crum		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [If yes, give wer or dates of service] 2		rs. Nellie Rod	erick; Mt	F.Mdress#1 Airy, 1	aryland
20g. ACCIDENT WAS UNDERLYING 120b. DES OR CONTRIBUTING 120b. DES OR CONTRIBUTING 120b. DES OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. While of wo 21 certify that (!) (this hospital) attentions to the contribution of th	CONTRIBUTING TO DEATH BUT SCRIBE HOW INJURY OCCURRED Not white ork of work added the deceased fram	D. (Enter nature of injury in P) ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	b. /7 3 . 18)	PERFORMED? YES NO Description NO Des
220. SIGNATURE 1 (7) J J Chym 22c. PHYS. CIAN S NAME (Tyrne)	19.4. and that a	M.D ATTENDING MER ATTENDING MER DIR			22b DATE S SNE
230 BUR AL CREMATION, 236 DAYE THEREOF 5/14/60	Mt. Zion C			ick, Co.	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son; F.	rederick, Maryl		BY REGISTRAR 25	b REGISTRAR'S SIG	



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	armo
- C N A		570F LEKTIPICATE OF DEATH	15773 Dist. No.
I (N	7	PLACE OF DEATH O. COUNTY FYEND OF IC. K MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Reside o. STATE D. COUNTY F.	ence before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and god give negrest town) 2 DAYS C. CITY OR TOWN (If outside corporate limits, write RURAL and	
by the f	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Fred Revick Memorial Hospi	e, IS RESIDENCE ON A FARM? YES NO
ges I on	3	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) FIGURE 12 DEATH May	Day Year 3 / 19 6 u
s. Po	S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min 2
ion and complication popers	1	during most of working life, even if retired) NONE 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) NONE 12. CI	ITIZEN OF WHAT COUNTRY?
physician or smove corbo hours ofter		Tohn Frank in Stone In Cuthering Linging	Mosen
	¹	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO (If per, gave wor or dutes of service) NO (If per, gave wor or dutes of service) NO (If per, gave wor or dutes of service)	
offending on please re of within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fetal Atelectasis	INTERVAL BETWEEN ONSET AND DEATH AT DITTH
by the		Conditions, if any, which)	
sit perm		gove rise to immediate cosse (a), stating the under- lying couse last. (c) (c)	
physici los beer lial-tron noval, o	Centercation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
rending ificole } the bu			
al or of this cert r use as ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of two work of two work 19 20d. INJURY OCCURRED 20d. INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (Stote)
After After Ched fo	A	21. I certify that I attended the deceased fram 3 4 May 19 60, to 11 May 19 (D, that I alive an 3 1 May 19 60, and that death accurred at 1 MM, from the causes and an	last saw the deceased
RECTOR: be deto for to bu		ACTUAL A.M. Porch M.D. /4 ed/cal Cen	DATE SIGNED 1 June 60
should stror pr		PHYSICIAN'S A. M. POWEII, Tr. Fraderick and	
Doge 3		BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) BURIAL JUNE 2-1960 MT HOPE WOODS BORO	(State)
S A15 (4) /	23	FUNERAL DIRECTOR'S SIGNATURE Woodsbatters med 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S S GATERIAN HARTSELL MEW Windows Med DATEJUN 3 '69	IGNATURE **
1, 706	14 .	1. 6.42/3×V+	/ beauty



65774

5788

CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND Frederick Marvland Frederick b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest tawn) RURAL and give negrest town) Frederick Life Frederick d. NAME OF HOSPITAL (If not in haspita), give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Frederick Memorial Hospital 226 Carroll Parkway YES NO NAME OF DATE Middle Lost Manth Day Year DECEASED TROUT REBECCA (Type or print) DEATH 1960 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH Months Doys White October 5. WIDOWED [DIVORCED | Female 100 USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most af working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Maryland Maryland Accounting Asst. in Charge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura R. Biehl Samuel C. Trout 738 North-Market Street. IS. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Mr. J. David Troub- Frederick, Maryland 219-36-3099 No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (of **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse last. PART II OTHER'S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES I NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Doy. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) foctory, street, office bldg , etc.) MED a m Not while at work at work 1960 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 11:45 R, from the causes and an the date stated above alive on DATE SIGNED ADDRESS (Street, city or lown, state) ACTUAL East Church Street /60 SIGNATURE PHYSICIAN'S Frederick, Maryland A. Pearre. M. D. NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, fawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Burial (Specify) Maryland May 6,1960 Mount Olivet Cemetery Frederick. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE MAY 9 M. R. Etchison & Son, Frederick, Maryland

DIRECTOR o bed P 3 shoul FUNERAL 0 VS A15 (4) 1SM 9/SB



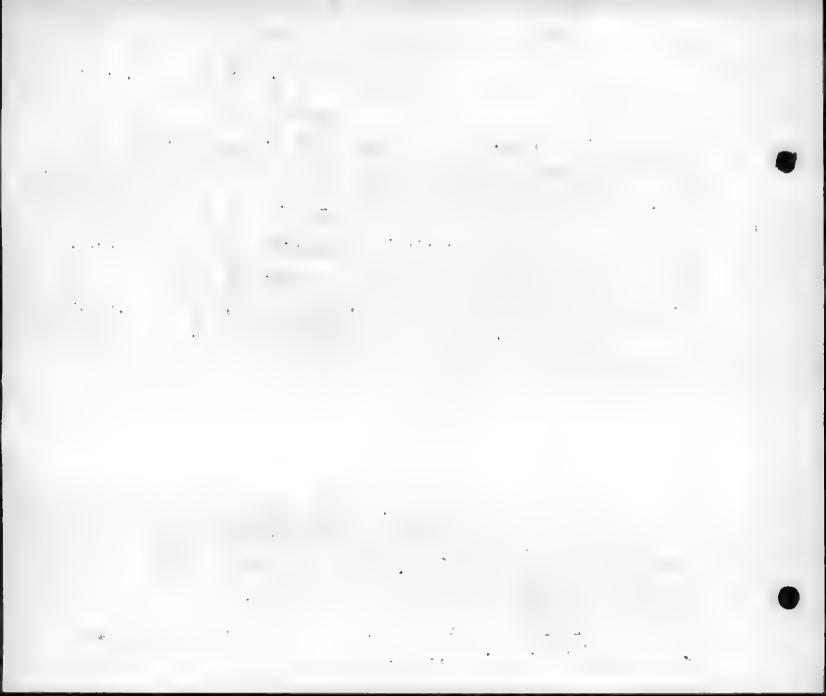
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5790

CERTIFICATE OF DEATH

05775

		0 0 0							R	eg. Dist. N	lo.	
	PLACE OF DEATH D. COUNTY	Frederick		MARYLA	- 11	USUAL RESIDENCE (" o. STATE Mar	Where deceose yland		nstitution - DUNTY	Residence be		
k	RURAL and giv	N (If outside corporate lime nearest town)	its, write	c. LENGTH OF STAY IN	116	Brunswi		orate imits,	write RURA	AL and give i	nearest tow	n)
1	NAME OF HOOR INSTITUTION	North MD.		oddress)	1	d STREET ADDRESS 7 North	Marvl	anfi A	venu	le	ON	SIDENCE A FARM?
-	NAME OF DECEASED (Type or print)	Frances		Middle ichael	Tro	xell	4. DATE OF DEATH	1 5	Manth	14	Day	Year 1960
5 5	SEX	6. COLOR OR RACE	7. MARI	RIED ESNEVER MARRIED	3. D	ATE OF BIRTH		9. AGE (In		UNDER 1 YE		
1	Male	White	WIDOW	ED DIVORCED		-12-1880)	lost birt	yrs M	lonths Day	s Hours	Min.
10a	during most of	AT ON (Give kind of work working life, even if retired)	KIND OF BUSINESS OR	INDUSTRY		ate or foreign	country)		12.CITIZEN		COUNTRY?
13.	FATHER'S NAME			, E. C. A. A. A. A.		. MOTHER'S MAIDEN				- L7-8-5	1.0-C-0-	
			oxe.	11		Cat	herin	e Kra	use			
	WAS DECEASED s, no, or unknown) NO	EVER IN U. S. ARMED FOR (If yes, give wor or dotes of :		SOCIAL SECURITY NO		Long Tr	ovell	Ran	Address	ck Ms	a Turk	bac.
		DEATH [Enter only one co	use per li	ne for (a), (b), and (c),1		TIGHT IT.	VAULL	<u> Ditte</u>	TT52.48.T	4.9	NTERVAL B	
7	Canditions, is gave rise to cause (a), stati	ing the under-)	ecompensat								rs
CERTIFICATION	PART 31.	OTHER SIGNIFICANT CON	IDITIONS E	CONTRIBUTING TO DEAT	H BUT NO	FRELATED TO THE TER	RMINAL DISEA!	SE CONDIT	on Given	IN PART I(a)	PERF	DRMED?
	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED (E	nter nature of injury	in Part I or Pa	rt II of item	1B.)			
MEDICAL	20c. TIME OF IN Hour o. p.	m. 10	ar 20d. I While at wor	Not while		OF INJURY (Hame, fo street, affice bldg.,		y or lawn)		(Count	(y)	(Stote)
	21. I certify alive an Ma	that I attended the	deceas	/	1.7 leath ac	., 19.58, to 1 curred o 6:3 0	AM, fram	the caus	es and o	an the do	ite state	
	PHYSICIAN'S NAME (Type)	C. T. By	ron I	Kao, M.D.		Brunsw	vick,	Md.				
22 0	BURIAL, CREMA REMOVAL (Spec Buria)	110N, 22b. DATE THEREG	,	22c. NAME OF CEMET				TION (City,		, ,	(Sta	ite)
23	FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS	ω.		EC'D BY REGIS	TRAR 24	REGISTR	AR'S SIGNA	TURE	
1	15 611	7/1/1 B	rung	swick, Mary	land	DATE	HIV 2.0	160	Out	1mg 8 #	Cours	



FOR STATE HEALTH DEPT.

TO DEPULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any distances many please executed certificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the proof of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit power. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remaval, and in an event within 72 hours after death.

6.5 20 Mg.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dis 5776

PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where dece	osed lived If institution. Reside b. COUNTY	nce before admiss an)				
b CITY OR TOWN (1 autiside corporate fimilis, winte RURAL ond give hearest fown)	IGTH OF STAY IN 16	c. CITY OR TOWN (IF outside co	rporate limits, write RURAL and	give neorest lown)				
	Minutes	1 h do 0	-110 7	W				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ve street address)	d. STREET ADDRESS	7	e IS RESIDENCE				
Junction of U.S. 40 & 40 A		one and description to the second		YES NO T				
3. NAME OF DECEASED First	Middle	Lost 4. DATE OF	Month	Day Year				
(Type or print) ATRYUEY	Dale 1	Watters DEATH	May	20, 19 60				
5. SEX 6 COLOR OR RACE 7. MARRIED 11-1	NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF UNDER feet brighday)	angua w				
/// Wfbowed	DIVORCED	nar, 18, 1919	Lyf- yrs. Manths	Doys Hours Min.				
10a. USUAL OCCUPATION (G.ve kind of work done 10b KIND Of during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoje or fore on	country) 12, CITI	ZEN OF WHAT COUNTRY?				
Masterox		Huntingd	077 (1)	Market .				
13. FATHER'S NAME	1	14 MOTHER'S MAIDEN NAME	- 1/					
2-1	CYJ	- Cillier 6	Com athing					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (Yes, no. or unknown) (If yes, give wigi or dotes of sewice)	SECURITY NO 17. INE	ORMANT /	Address	11 1 1.				
des ililes		Ether 1.11.	(so 11 Lou	Me Isburg				
)6. CAUSE OF DEATH [Enter only one cause per line for (o),	(b), ond (c).]		7	INTERVAL BETWEEN /				
PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DECAPI	TATED HEAD			Instant				
DUE TO								
Conditions, if any, which CRUSHED CHEST								
gave rise to immediate cause (a), stating the underlying (DUE TO								
cause tast (c) Multip	le Fracture		<u> </u>	<u> </u>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 171				
200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW	INJURY OCCURRED. (Ent	er noture of injury in Part I ar Part I	1 of item 18)	1,100				
E PRIMARY To or CONTRIBUTING June Zunz	ed in fr	ont of trailor	tracter					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY		OF INJUST (Home, form, 201, (Ci	ly or fown) (Cou	nly} (State)				
20c. TIME OF INJURY Month, Day, Year 20d, INJURY While of work 0	101 411116	steel office bldg . etc.)	Frederick Fred	lerick Wed				
21. I certify that I took charge of the remain	is described above	e, held an Autopsy 🔲, .	Inspection 🕅 , Inquir	y , and in my				
opinion death resulted from: Natural causes	. Accident	, Suicide , Homicide	e 🗍. Undetermined m	nanner 🔲				
P in 1								
SIGNATURE DOCTAL TOTAL	<u></u>	M.D. CHIEF MEDICAL EXAMINER	3	DATE SIGNED				
EXAMINER'S B. O. Thomas, M.D.		ASSISTANT MEDICAL EXAMIN	ER 🗆	r 102 160				
HAME (1) pe)		DEPUTY MEDICAL EXAMINER	representative of the sales	5/21/60				
220 BURIAL CREMATION 22b. DATE THEREOF REMOVA. (Specify)	AME-OF CEMETERY OR C	REMATORY 228 LOC	ATION (City, Jawn, or county)	(Stope)				
- liste 1 1/2 7 2 1 1	more dit	171/ - Hu	trught a CC.	-1-				
23 EUNERAL DIRECTOR'S SIGNATURE SON, Frederi	ck, Md.	240. REC'D'BY REGIS		NATURE				
		DATELAY 2 4 'E	30 " Cirilina di 1	afterna.				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

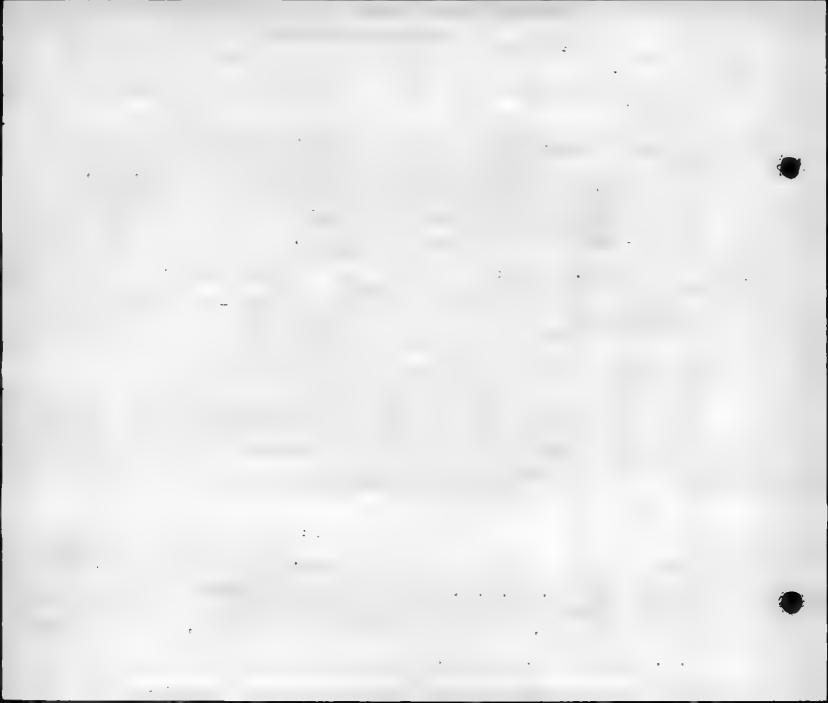
787	CERTIFICATE	OF DEATH

5

Reg. Disf. N5. 777

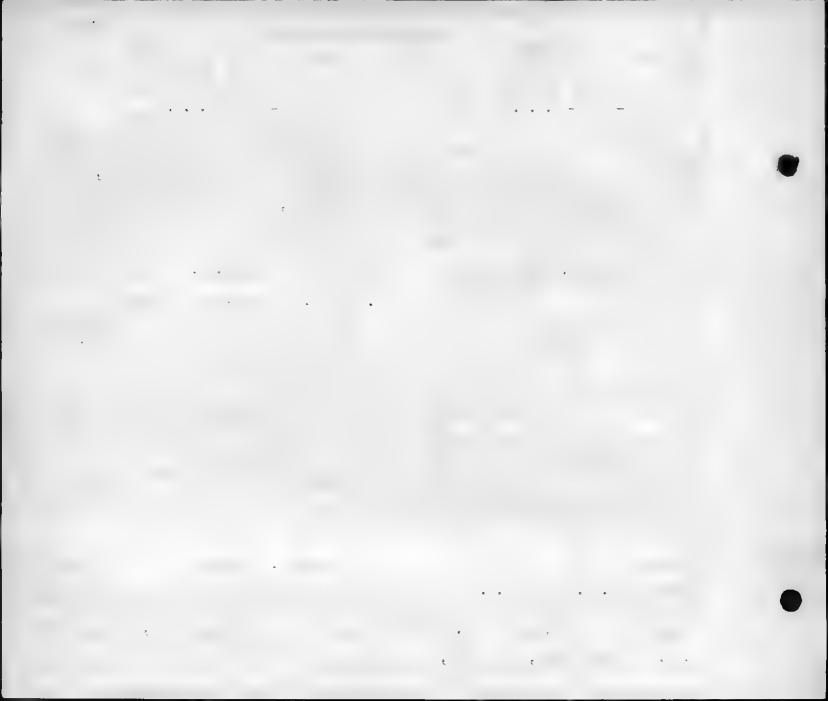
PLACE OF DEATH COUNTY Frederic	n MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE Maryland b COUNTY Frederick							
b. CITY OR TOWN (If outside corporate li RURAL and give nearest fown) Frederick									
d. NAME OF HOSPITAL (If not in hospital or institution Frederick Memorial	, give street oddress)	d. street address 300 West Fifth Street on a FARMS, yes no me							
DECEASED	First Middle ERTHA HENDRIC	CKS WEHLER SEATH Month Doy Year 19, 19 60							
5. SEX 6. COLOR OR RAC	E 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 95 yrs. 96 Months Days Hours Min.							
10o. USUAL OCCUPATION (Give kind of worduring most of working life, even if retired HOUSE-WORK 13. FATHER'S NAME	k done 10b. KIND OF BUSINESS OR INI At Home	POINT 11 BIRTHPLACE (State or foreign country) Penna USA 14. MOTHER'S MAIDEN NAME							
Joseph H. Hen		Catherine Hunsicker							
15. WAS DECEASED EVER IN U. S. ARMED FI	of serviced	Address Aiss Katherine Wehler-Same as Item #2							
Conditions, if any, which gove rise to immediate cause (a), stoling the under-lying cause lost. PART II. OTHER SIGNIFICANT CO	(b) <u>Closed</u>	of ascending Colon op obstruction of cecum wik. UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES I NO IN							
PART II. OTHER SIGNIFICANT CO	Year 20d INJURY OCCURRED 20e. White Not white	RED. (Enter nature of injury in Port I ar Port II of Item 18.) PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg, etc.)							
21. I certify that I attended the alive on 19 May	ne deceased from 16 Ma	th occurred al2:15P M, from the causes and on the date stated above ADORESS (Street, city or town, state) Medical Arts Center 5/21/60							
PHYSICIAN'S Melvin E.	Lea, M. D.	Frederick, Maryland							
220 BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify) Burial June 23	, 1960 Mount Olive	(0.000)							
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & So	ADDRESS n, Frederick, Mary	Land Date MAY 24 '60 Cultur S. Hand							

VS A15 (4) 15M 9/55



			501	4	CERTIFIC	ATE OF	DEATH	1		Reg. Di		77	8
;		E OF DEATH	001	4.		2 USUAL RES	IDENCE (Wh	ere deceased li		on: Resider	ice before	odmissi	on)
/		Fr	rederick		MARYLAND		Ma	ryland	AGE (In years FUNDER YEAR FUNDER Ight birthdoy) Yes. Months Doys Hours Yes Ight birthdoy) Yes. Months Doys Hours Yes Interval Betwoen Yes	5			
	b. C	ITY OR TOWN (II JRAL and give ne	f autside corporate limit prest town)	s, write	c. LENGTH OF STAY IN 15	1	-	•		Reg. Dist. No d. If institutions Residence before b. COUNTY Fred imits, write RURAL and give ne R. F. D. #4 Month Day GE (In years of birthdoy) Months Days yrs. I 12. CITIZEN C R. Myers Address A	give neon	est lown)
			Rural - R.F.		Years	X Fred	erick	-Rural-	R.F.D.;	#4			
Cale.	d. N	AME OF HOSPIT	AL (If not in hospital, gr	ve street o	oddress)	d. STREET					•	IS RESI	DENCE FARM?
		Feagavil	Lle			Fea	gavil	le		Reg. Dist. No. If institutions Residence before ode b. COUNTY Frederings, write RURAL and give nearest in the county between t			
	3 NAA	AE OF	Fin		Middle	ta		4. DATE			Day		eor .
		or print)	EMOR	Y	SAMUEL	WH	IPP	OF DEATH	M	ay	5,	1	9 60
	5 SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	_		AGE (In years				
	Ma	le	White	WIDOWE	DIVORCED [Octobe	r 28,	1880	79 yrs.	Months	Doys	Hours	Min
	10o. US	UAL OCCUPATION	N (Give kind of work ding life, even if retired)	lone 10b.	KIND OF BUSINESS OR IND	JSTRY 11. BIRTHP	LACE (Stole	or foreign cour	ntry)	12. CI	IZEN OF	WHAT	COUNTRY?
		aborer	and a same of		Farming	100	iaryla:	nd			U	SA	
	13. FAT1	HER'S NAME				14. MOTHER'S	S MAIDEN N	IAME					
		Dag	aiel M. Whi	pp				Mary J	. R. My	ers			
		S DECEASED EVE	R IN U. S. ARMED FORE	CES7 16	SOCIAL SECURITY NO 17.	INFORMANT			Adde	e11			
		No	b. Mark Arra are are areas as an	1	None Mi	s. Mary	V. Go	odsell-	Same as	Item	#2		
	18.	CAUSE OF DEA	TH [Enler only one co-	use per lin	e for (d), (b), and (c)]			1			INTER	VAL BE	TWEEN
		PART IL DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	/	Treumar	celes		Co.	Seils	_	ONSE	AND	JAC/S
		. 50	DUE TO					1					
	c	onditions, if or	ny, which) (b)	a	dranged 6	Reserve	al so	ed as	tires	elo.	(15	2 - 6	110
		ove rise to in use (o), stoling (nmediate Dus To	4	7		-					, /	
		ing couse lost.	(c)		Malmit	ulen					Name of the last	27h	ct
	NO.	PART II. OTH	IER SIGNIFICANT CON	HTJONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PAR	T 1(o) 19.	WAS A	
	3	1	Oler 10	tro	co. ulsup	Tires	Enel	0	`				
	200	CONTRIBUTING	S UNDERLYING THE	20b DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in f	Port I or Port II	of item 18.)				
	U (IF	EITHER, NOTIFY	MEDICAL EXAMINER										
	WEDICAL 20c	TIME OF INJUR	Y Month, Day, Yea			LACE OF INJURY			r town)	- (0	County)		(State)
	MED	Hour o.m.	19	While of work		iciory, sireei, onk	e blug, etc.	1					
	21	I cortify th	at I attended the	decens	ed from Classes	-63,0190	Cto	Ma	U 510/.	that I	last say	v tha	deceased
		ve on	20005	194	***************************************	manufacture and the second	2:25						
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	146 011			and Anial Geal	ii deconted at					ne agre		te Signed
	AC	TUAL	1057		30160	us Jeff		, Maryl		,		5/9/	60
						. M U. 1313111		a					
	PH' NA	YSICIAN'S /	A. T. Brice	, M.1	D.	Sam	le .						
			N. 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	N (City, town o	r county)		(Slate)
	RE	MOVAL (Specify)		-	St. Luke's					_ ''	M		_
		ERAL DIRECTOR			ADDRESS	outo and 1	24a. REC'I	D BY REGISTRA					
	M.	R. Etch:	ison & Son.	Free	derick. Maryla	ınd		AY 1 0 '60		Thur &	7 France	A	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT.

TO DEPUT MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any deleve is necessary, please executed certificate, writing the word "pending" in pending in 18th. Give Pages 1, 2, and 3 to the properties of all direction. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reterred for your, files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Properties or its designated agent, prior to barial, cremation, ar removal, and in any every within 2 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5788 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 79

1. PLACE OF DEATH O. COUNTY Frederick MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick								
l	ond give reseal fown) Freder:		RUKAL	c. LENGTH OF STAY	(IN 1b	c. CITY OF		outside corp	porote limits	, write	RURAL or	nd give e	eoresi ta	~n)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 200 East Church Street						d. STREET ADDRESS / 200 East Church Street								
	NAME OF DECEASED (Type or print)	Fir PA1		Middle RHODI	PQ	los WHIF		4. DATE OF DEATH	1	Month av		Day 21	Y	9 60
5. 5			1	D NEVER MARRI	ED 🔏 8. I	DATE OF BIRTH			9. AGE (In	yedra	IF UNDE Months			ER 24 HPS. Min.
100	usual occupation during most of working Teller	N (Give kind of work)		IND OF BUSINESS OF		11. BIRTHPL	ACE (Slote Maryl		country)		12. CI	US.		COUNTRY
13.	FATHER'S NAME	id C. Whip	p			14. MOTHER'S		AME COLLEGE	es Kr	eps				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give wal or dates of WWZ	parvice)	SOCIAL SECURITY NO 14-16-1650		reconal	Recor	ds	,	ddress				
	Conditions, if an gave rise to immed (a), stating the u cause last.	ndertying DUE TO	CAR	BON MONOX								ONS	t and bea	NIH
CERTIFICATION		ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDITIO	ON GIV	EN IN PA		PERFO	AUTOPSY PRMED? NO K
	200. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.			HOW INJURY OCCI										
MEDICAL	Haur g.m.	Y Month, Doy, Ye	While			E OF INJURY (y, street, office			y or lown)		(Co	ounty)	١	(Stole)
		at I took charge resulted fram:						y [], li Hamicide	nspection U	Personal	Inqui	manne		d in my
	ACTUAL SIGNATURE BOTHLOSSICS M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER								DATE S	IGNED				
	NAME (Type)	B. O. Thom				DEPUTY		EXAMINER E	3		50 - 77 Trans		5/24	/1960
	Burial (Specify) Burial	5-27-60	OF .	Arlington				F	ort My	er,				o) inia
23.	M. R. Et	s signature chison & S	on, Fr	ederick, I	Maryl	and		D BY REGIST			ithan's si	. 4 .		

and the latest the second second Hard T. T.

VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5794

CERTIFICATE OF DEATH

05780 Reg. Dist. No.

	9 1 3 4				Keg. Dist.	No.				
PLACE OF DEATH a. COUNTY	Frederic	C MARYLAND	a STATE		TY					
Thurmon	(If autside carparate limits, pearest tawn)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Thurmont							
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital, give		d. STREET ADDRESS	do at		e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	Emma Emma	Florence Wil	lls	4. DATE M. OF DEATH May	anth 30	Day Year				
s. sex ema le	1,11-24-	MARRIED NEVER MARRIED VIDOWED TO DIVORCED	8. DATE OF BIRTH Sept. 3.	a Q ar last birthday	Manths D					
10a. USUAL OCCUPATI during most of you Housewil	ION (Give kind of work do tking life, even if retired)	one 10b. KIND OF BUSINESS OR INDI		e or foreign country) yland	12. CITIZE	U.S.A.				
13. FATHER'S NAME	7.0		14. MOTHER'S MAIDEN		Manth Day You May 30 AGE (In years If UNDER 1 YEAR IF UNDER Igst birthday) Wanths Days Hours Igst birthday) P. AGE (In years If UNDER 1 YEAR IF UNDER Igst birthday) Wanths Days Hours Wanths Days Hours Intry) 12. CITIZEN OF WHAT COUNTY Address Thurmont, Md. CONDITION GIVEN IN PART I(a) 19 WAS A FERFOR YES [] II af item 18.) Or town) (County) Co., 19, that I last saw the deche causes and an the date stated end, city or town, state) Ont, Maryland ON (City, town, ar county) (State Warn of County) (State Warn of County) ON (City, town, ar county)					
	Zimmerman			riet Seacris						
(Yes no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of servi	(10)	informant irs. Edith I			Md.				
Canditions, if gave rise to cause (a), stating lying cause last	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Immediate (b) DUE TO DUE TO Co	Dehydrolies	IT NOT DELATED TO THE TERM	MINAL DISFASE CONDITION (SIVEN IN PART I	3wechs -				
200. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH TITHER, NOTIFY MEDICAL EXAMINER! 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					PERFORMED?				
20c. TIME OF INJU Haur a.m.			PLACE OF INJURY (Home, far octory, street, office bldg., el		(Co	unly) (State				
21. I certify to alive on	Thomas A.		, 19 , to define the accurred at 3 %.	ADDRESS (Street, city or tow	and an the o	date stated above DATE SIGNE				
220. SURIAL, CREMATI REMOVAL (Specify Burial		Mt. Carme		22d. LOCATION (City, town		(Stole) Fred Co.				
220. 8URIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	l Cemetery	22d. LOCATION (City, town Thurmont CD BY REGISTRAR 24b. REG	n, ar county)	(Sto Fred				

1045 stateshee? Velecher! . eee 197 411711 Part of the trian i dalgen (155) 10% er its its light of Amile Charac 1600B. Proceedings for a sel. Sacistal tauncing · De victoriale de l'estate de